

CFRS

COST & FINANCIAL REPORTING SYSTEM

Fiscal Year 2007-2008



Instruction Manual
Local Program Financial Support

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Manual Order Number:

Specifications contained herein are subject to change and these changes will be reported in subsequent release notes and new editions.

August 2008, Department of Mental Health, State of California

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GENERAL CONTACT INFORMATION

By Mail:

Department of Mental Health
Local Program Financial Support
1600 9th Street, Room 120
Sacramento, CA 95814

By Telephone or FAX:

(916) 654-2314 – Cost Report Contact Desk
(916) 653-9269 – Cost Report FAX
(916) 654-3445 – IT Help Desk

SPECIFIC CONTACT INFORMATION

If you are having technical problems with the Cost Reporting application and need technical assistance, contact the Cost Report Help Desk at (916) 654-2314, or send an e-mail to: cfrs.help@dmh.ca.gov.

If you want to contact a Department of Mental Health Division or Office, please use the Division/Office Directory, located at <http://www.dmh.ca.gov>.

WEBSITE

The Department of Mental Health, Information Technology Web Services Internet (ITWS) site can be located at <https://mhhitws.cahwnet.gov>.

If you are having problems with the website and need technical assistance please go to <https://mhhitws.cahwnet.gov/docs/public/contact.asp>. This is the direct link to the Contact ITWS section. Users do not need to be logged into ITWS to see contact names, phone numbers and e-mail addresses.

FEEDBACK

If you have any questions or comments concerning the contents of the Department of Mental Health Web site, please use the Feedback Form.

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Getting Started

INTRODUCTION

The Fiscal Year (FY) 2007-2008 Cost Reports and reporting process are described within this section. The cost report is designed to focus on completion of certain schedules that will automatically complete the legal entity cost report forms. The formulas in the cost report forms are “locked and protected” to enable a smoother process for editing and conducting the year-end settlement process for each local mental health agency. This also ensures the ability to create a uniform statewide database. Listed below are the highlights regarding the cost report spreadsheets and cost reporting procedures.

The cost report spreadsheets for this year remain an Excel based spreadsheet application.

There will be two sets of Cost Report spreadsheet automations:

1. A Detail Cost Report:

- To be completed by **all** legal entities (county or contract). Services provided can be either Medi-Cal or non-Medi-Cal.

2. A Summary Cost Report:

- To be completed by each County or Mental Health Plan (MHP).
- The summary cost report is used to complete certain county only forms.
- Summarizes each County or MHP total mental health activities for the fiscal year.

The Cost Report automated spreadsheets are available from the Department of Mental Health (DMH) website, at <https://mhitws.cahwnet.gov>.

Cost report submission for FY 2007-2008 involves both electronic and hard copies. The electronic submission process involves **uploading** the cost report through the Department's Information Technology Web Services (ITWS) by December 31, 2008. The hard copy submission requires one copy of the cost report (summary and county detail only) and an original signed MH1940 certification package **mailed** to DMH within ten days of the upload to validate the submission through ITWS.

Please mail to:

Department of Mental Health
Local Program Financial Support
1600 9th Street, Room 120
Sacramento, CA 95814

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Summary of Changes

SUMMARY OF CHANGES MADE TO FY 2007- 2008

Technical changes, updates, and clarifications have been made to this instruction manual. The following is a summary of the major changes made to the Cost Report for the FY 2007-2008:

1. **MH 1901 Schedule A – Supplemental**
Addition of a new MH 1901 Schedule A to identify revised SMA rates for the period of March 1, 2008 – June 30, 2008.
2. **MH 1901 Schedule B – Supplemental**
Addition of a new MH 1901 Schedule B to identify Medi-Cal, non-Medi-Cal units and revenues for the period of March 1, 2008 – June 30, 2008.
3. **MH 1901 Schedule C**
Additional lines have been added to capture data from the MH 1901 Schedule B Supplemental.
4. Due to the SMA Reduction for FY 2007-2008, the SMA time period will be reflected in the previous year's FMAP.
5. **MH 1940**
The county certification language has been changed to reflect requirements under the Code of Federal Regulations.

Cost Report Instructions

The California Department of Mental Health's (DMH) Cost Report is required to be completed by all legal entities furnishing local community mental health (Medi-Cal and non-Medi-Cal) services. For the purpose of year-end cost reporting and submission, each county's designated local mental health agency is required to submit one hard copy of the cost report (summary and county detail only) and an original signed MH 1940 certification package to DMH.

The objectives of the DMH Cost Report are to:

- Compute the cost per unit for each Service Function (SF);
- Determine the estimated net Medi-Cal entitlement (Federal Financial Participation (FFP)) for each legal entity;
- Identify the sources of funding;
- Serve as the basis for the local mental health agency's year-end cost settlement, focused reviews, and subsequent Short-Doyle/Medi-Cal (SD/MC) fiscal audit; and
- Serve as the source for County Mental Health fiscal year-end cost information.

This is accomplished by determining the allowable SD/MC costs and allocating these costs between administrative, utilization review, research and evaluation, and direct service cost centers (i.e., modes of service). Costs for Medi-Cal Administrative Activities (MAA) must also be included. Participation in the MAA program is optional and requires compliance to additional procedures set by the Centers for Medicare and Medicaid Services (CMS), Department of Health Care Services (DHCS), and DMH. Legal entities must have an approved MAA plan with DMH in order to participate in MAA. MAA costs reported in the cost report must be based on actual, logged staff time captured at the service function level and included on the 19820 invoices submitted quarterly to DMH.

Direct service costs are apportioned to Medi-Cal patients based on units of service at the service function level. In FY 2007-2008, units of service will continue to be reported according to the period of time during which services were provided.

Federal reimbursement is determined annually by federal fiscal year (October 1 through September 30) and released as Federal Medicaid Assistance Percentages (FMAP) that determine the FFP reimbursement ratio. Subsequently, county mental health departments are notified of FMAP changes through DMH correspondence. During FY 2007-2008, the federal/state sharing ratio is as follows:

Regular SD/MC:**First Quarter (July 1, 2007 through September 30, 2007)**

The FFP reimbursement ratio for regular Medi-Cal reimbursable mental health treatment services is 50 percent for the FFP reimbursement and 50 percent for the state match.

Balance of the Fiscal Year (October 1, 2007 through June 30, 2008)

The FFP reimbursement ratio for regular Medi-Cal reimbursable mental health treatment services is 50 percent for the FFP reimbursement and 50 percent for the state match.

Enhanced SD/MC (Children) and Healthy Families:**First Quarter (July 1, 2007 through September 30, 2007)**

Healthy Families and Enhanced Children's Medi-Cal services are reimbursed at the enhanced FFP reimbursement rate of 65 percent.

Balance of the Fiscal Year (October 1, 2007 through June 30, 2008)

Healthy Families and Enhanced Children's Medi-Cal services are reimbursed at the enhanced FFP reimbursement rate of 65 percent.

Enhanced SD/MC (Refugees)**All Quarters (July 1, 2007 – June 30, 2008)**

The FFP reimbursement ratio for Enhanced SD/MC (Refugees) is 100 percent for the entire year.

SD/MC Administration, Quality Assurance/Utilization Review and MAA

The FFP reimbursement ratio for Skilled Professional Medical Personnel (SPMP) engaged in qualifying activities for quality assurance oversight and MAA is 75 percent with a 25 percent state match. For other quality assurance costs and all other administrative costs, including MAA, the sharing ratio is 50 percent for the FFP reimbursement and 50 percent for the state match.

The enhanced FFP reimbursement rate for administration of the Healthy Families Program is currently 65 percent.

After units of service are identified as described above, SD/MC service function costs are aggregated into inpatient and outpatient costs. Aggregate direct services SD/MC costs (including regular SD/MC, Medicare/Medi-Cal crossover, Enhanced SD/MC for children and refugees) for inpatient and outpatient services for each legal entity are compared with aggregate Medi-Cal published charges and the aggregate Statewide

Maximum Allowances (SMA) reimbursement amounts to determine the direct service reimbursement based on the Lower of Cost or Charges (LCC) principles. This reimbursement methodology is applied to all SD/MC aggregated costs listed above. For negotiated rate legal entities, SD/MC direct service reimbursement is based on the lower of the aggregate SD/MC negotiated rates for inpatient and outpatient services, the aggregate published charges, or the aggregate SMA reimbursement. Patient and other payor liabilities collected on behalf of regular SD/MC, Medicare/Medi-Cal crossover, and enhanced SD/MC patients, are reduced from the gross direct service reimbursement for SD/MC to determine the net due for SD/MC direct services.

Healthy Families direct service costs are NOT included in the calculation to determine the SD/MC reimbursement methodology based on the LCC. However, the Healthy Families costs are aggregated and compared in the same way as SD/MC direct services costs and utilizes the same reimbursement methodology determined by the SD/MC costs. Gross direct service reimbursement Healthy Families costs are reduced by patient and other payor liabilities of Healthy Families clients to determine the net Healthy Families reimbursement for direct services.

SD/MC administrative reimbursement for county legal entities is based on the SD/MC direct service reimbursement in the county.¹ Reimbursement for SD/MC utilization review activities also is computed. The sum of net SD/MC direct service reimbursement, net MAA reimbursement, SD/MC administrative reimbursement, and SD/MC utilization review reimbursement represents the basis for determining the preliminary FFP for legal entities' cost based reimbursement. Legal entities reimbursed based on negotiated rates must subtract 25 percent of the amount negotiated rates exceed costs.

Contract providers that provide services to multiple counties have the option to complete the cost report in one of two ways. The first method, "Total Gross Costs," allows the contractor to report its total gross costs for mental health related services provided to multiple counties on MH 1960 and make adjustments on Line 2 of MH 1992 for each county cost report to eliminate costs not related to the county in order to properly show the funding source for services provided to the county. The second method, "Net Cost," allows the contractor to report only the costs (activities) of the legal entity that are identified with each county. The use of any one method will produce the same result, and each county has the discretion to select the method to be used by its contractors. Round amounts to the nearest whole dollar.

Use the following procedures to complete the Department of Mental Health fiscal year-end Cost Report.

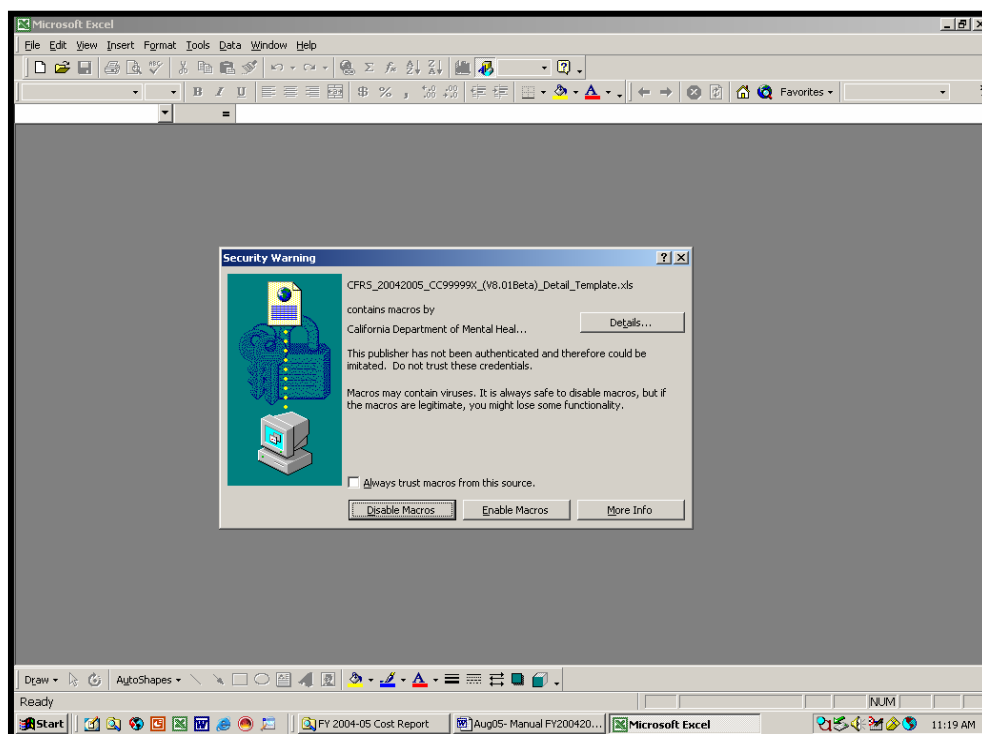
¹ Throughout these instructions, county legal entities are defined as legal entities staffed and operated by county government employees.

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Opening the Workbook

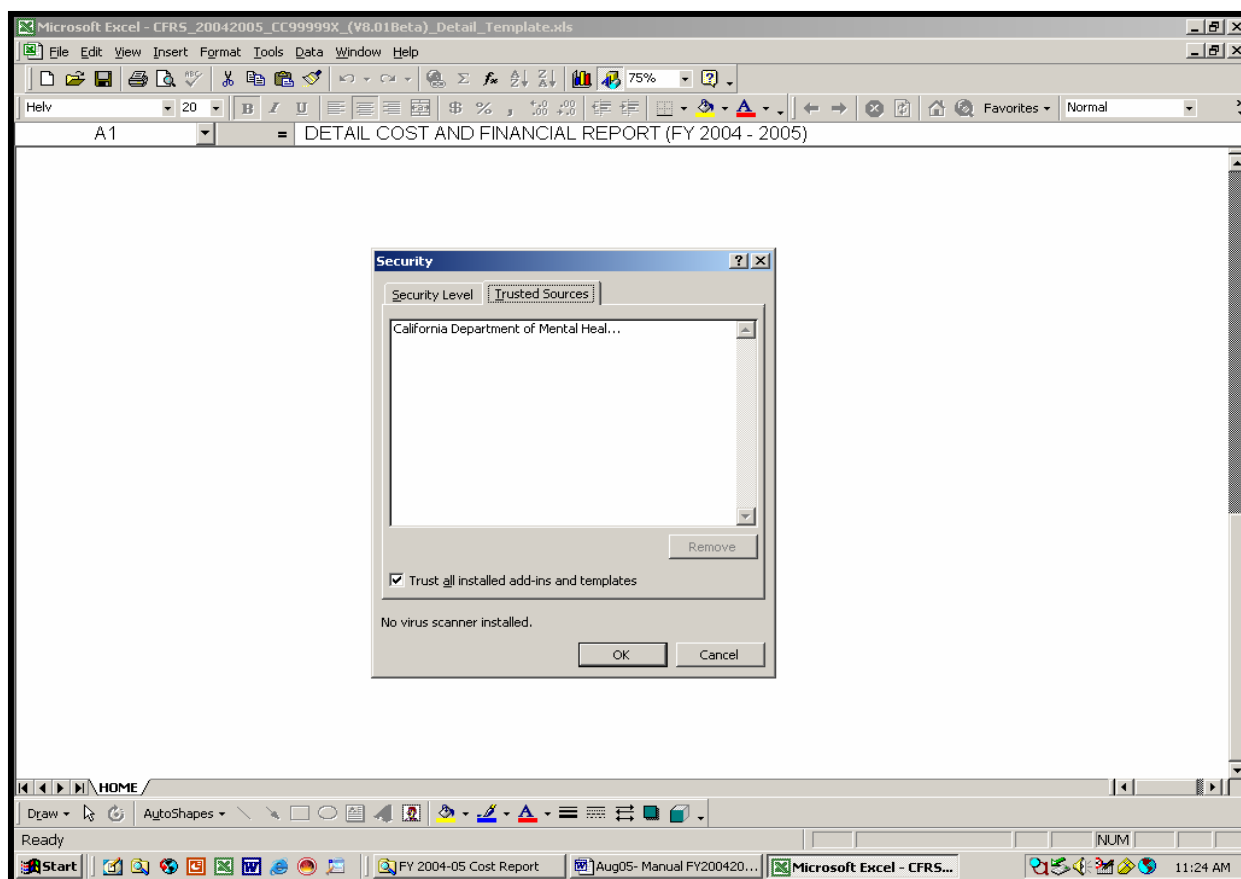
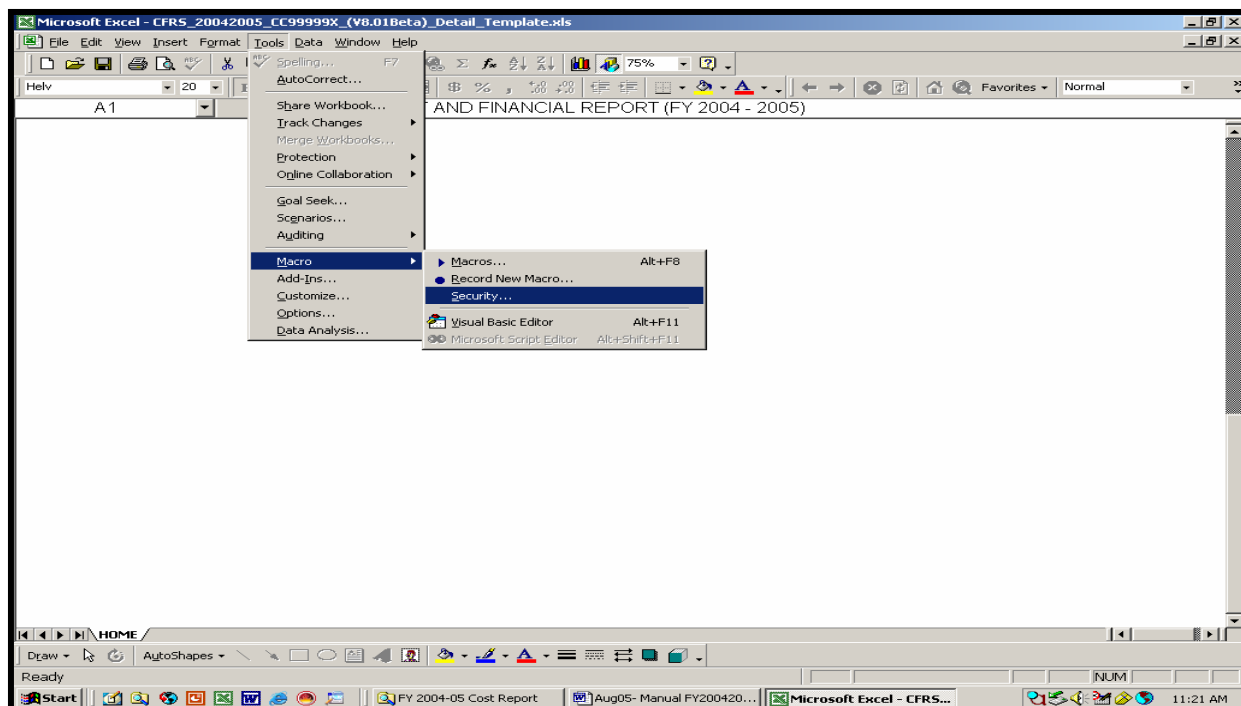
Enable the Macros

The Cost Report is an Excel based application. It uses macros that enable the flow and automatic population for most of the forms. When the workbook is first opened, a dialog window appears and asks whether or not to allow this functionality. **You must check “Always trust macros from this source”** if you do not want to see this dialog window again when opening the Cost Report template.



If you trust DMH Information Technology and prefer to **ENABLE MACROS** every time you work on the Cost Report template but have accidentally checked “Always trust macros from this source” you can restore the dialog window back by following these procedures. **TOOLS > MACRO > SECURITY > TRUSTED SOURCES**. In the Trusted Sources Dialog box, click on Department of Mental Health...and click on **REMOVE** to restore back the window.

(Please note the above form reflects FY 2004-2005.)



REMOVE to restore “**Always trust macros from source**” Dialog Box window.

(Please note the above forms reflect FY 2004-2005.)

HOME

Cost Report Home Page

After you have opened the workbook and enabled the macros, you will now be at the Cost Report Home Page.

From here, you can continue to complete the cost report, or use some of the other options of the cost report.

If you wish to continue to complete the cost report, simply “click” on the button for MEDI-CAL or NON-MEDI-CAL, depending upon type of cost report that you are trying to complete.

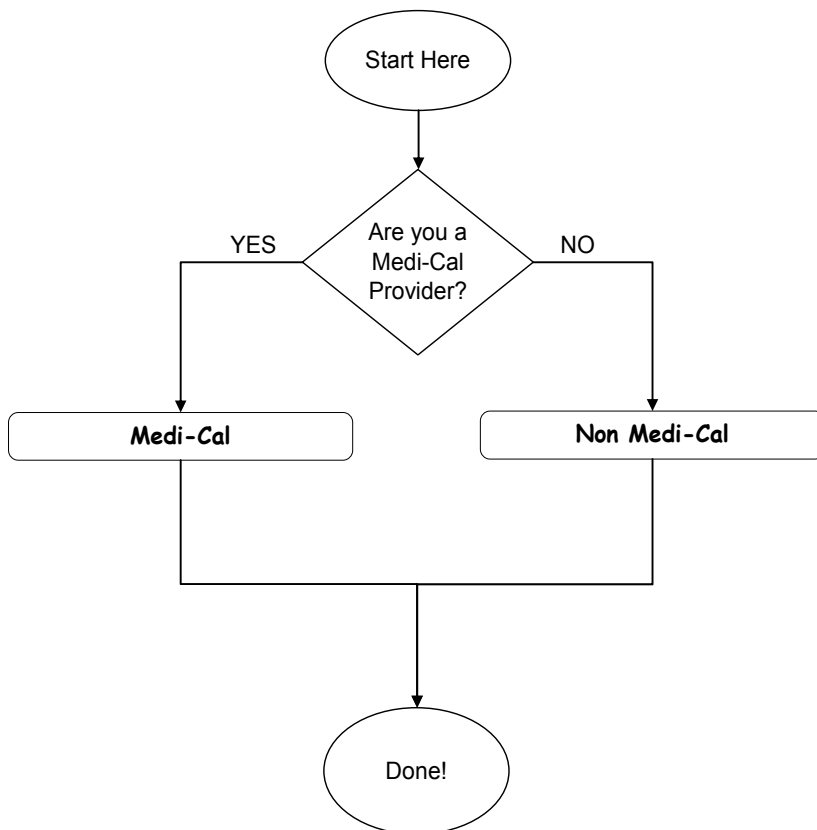
Subsequently, you will be shown a series of “flowcharts” from your chosen action.

NOTE: The **OPTIONS** box, at the bottom of the HOME Page Sheet, allows you to do the following:

Options Described:

Hide All Forms	Shows only the Home page.
Show MH Forms	Shows all the Cost Report worksheets.
Clear Forms	Reset all data values in forms to zeros or blanks.
Turn On/Off Heading	Toggles the Excel Row and Column indicators, such as A, B, C, and 1, 2, 3, etc. Useful if only wanting to see FORM Row and Column indicators and NOT EXCEL Row and Column indicators.
Turn On/Off Grid	Toggle the Excel background grid showing cell placement.
Import from Cost Report	This option will allow you to import from another DMH Cost Report workbook data into the current workbook. These cost reports must be from the same fiscal year.
Import from Text	This option will allow you to import and populate data into the MH_Schedules.
Export to Text	This option will allow you to export the data from the MH_Schedules.
Print Options	This option will allow you to print selected schedules or forms of the cost report.

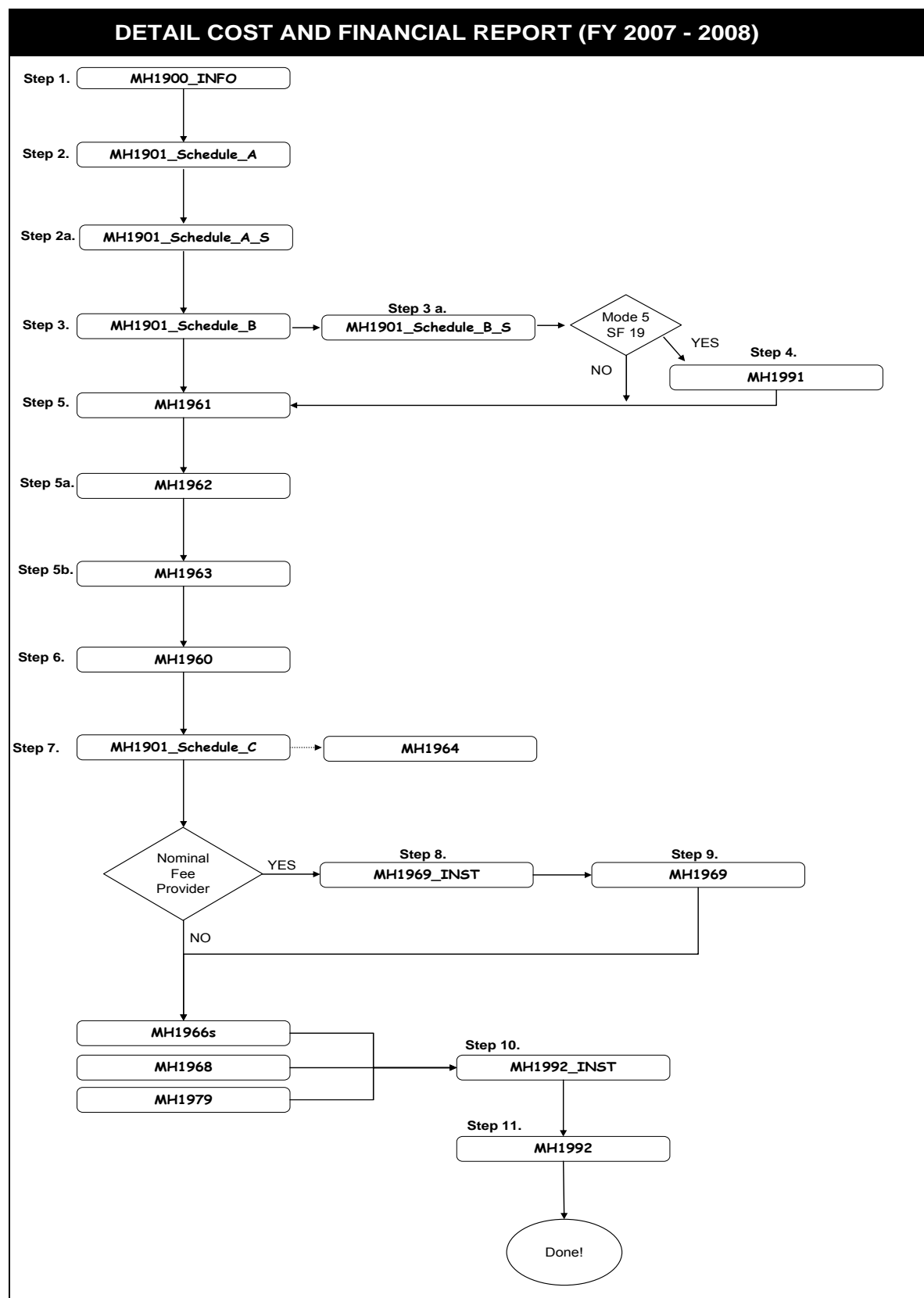
DETAIL COST AND FINANCIAL REPORT (FY 2007 - 2008)



Other Options		
Hide All Forms	Turn On/Off Heading	Import From Cost Report
Show MH Forms	Turn On/Off Grid	Import From Text
Clear MH Forms	DMH Only	Export to Text
Disclosures	MH1960 Support	
PrintForm(s)		

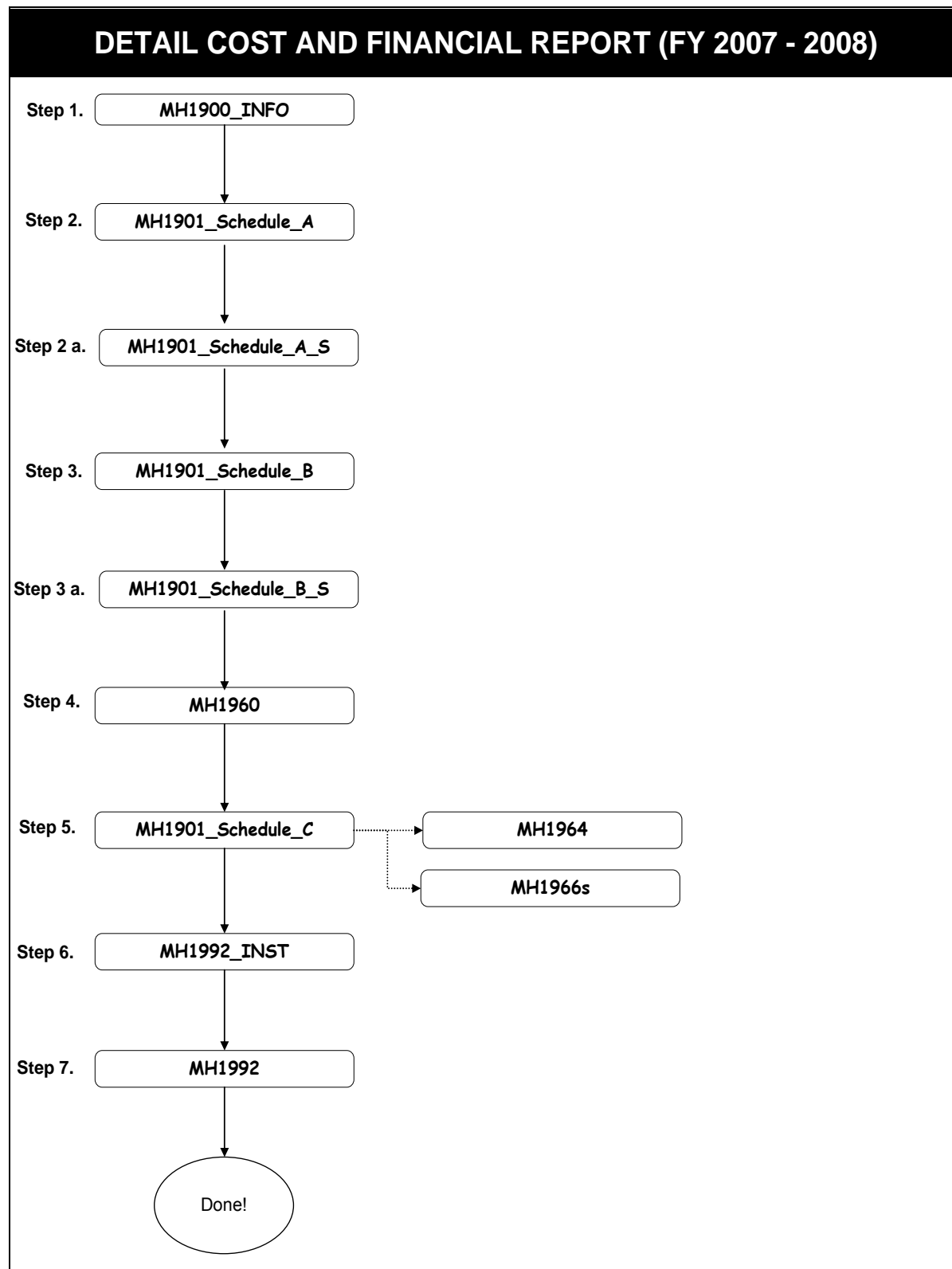
MEDI-CAL

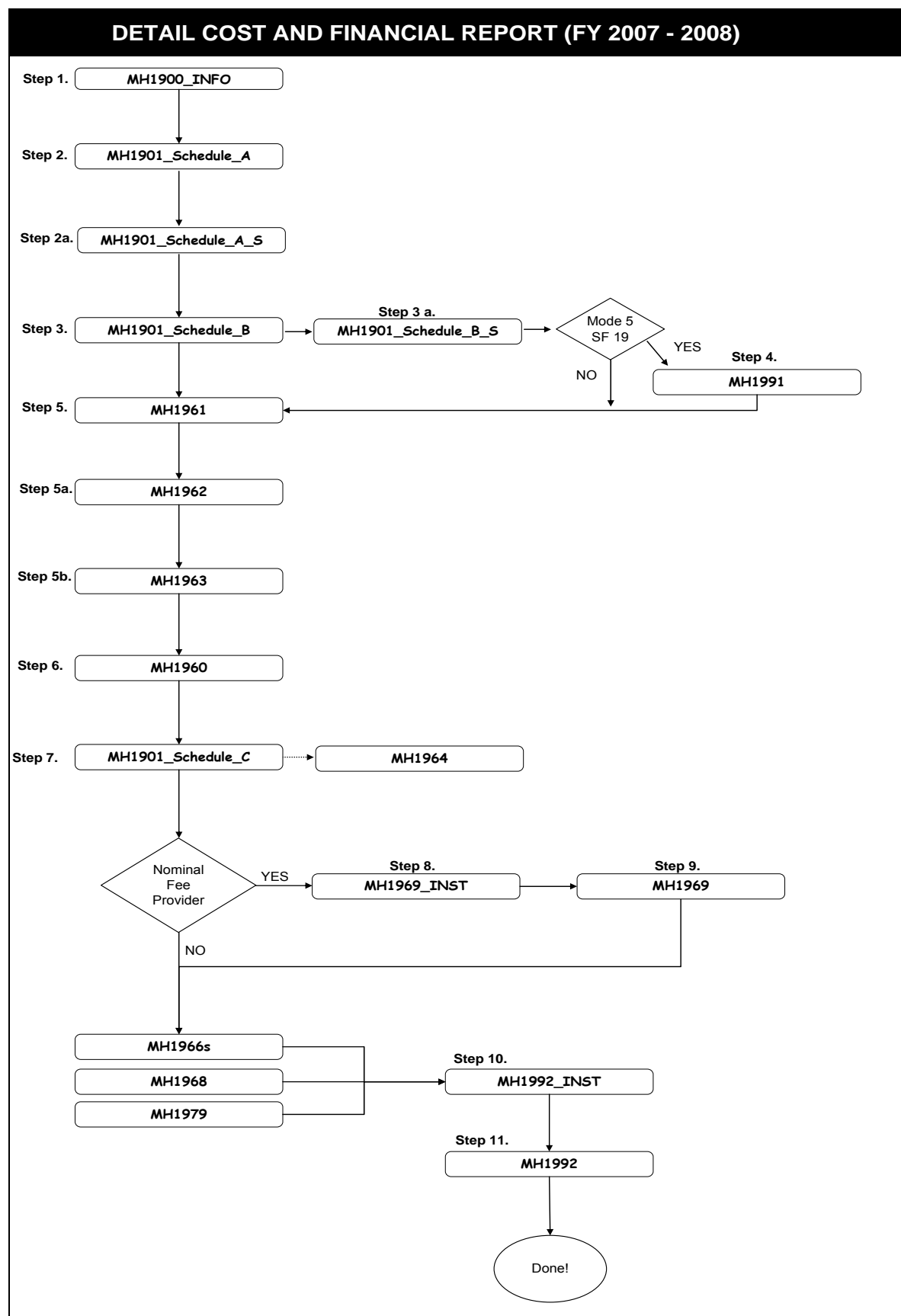
Flowchart Path if Medi-Cal Cost Report

**MEDI-CAL**

Non-MEDI-CAL

Flowchart Path if Non-Medi-Cal Cost Report

**NON-MEDI-CAL**



Detail Forms for ALL Legal Entities

This section details the following forms and their requirements for ALL Legal Entities. This includes county and contract legal entities.

MH 1900	Information Worksheet
MH 1901 Schedule A	Statewide Maximum Allowances, Negotiated Rates, and Published Charges
MH 1901 Schedule A Supplemental	Revised Statewide Maximum Allowances, Negotiated Rates, and Published Charges
MH 1901 Schedule B	Worksheet for Units of Service and Revenues by Mode and Service Function for the period of 07/01/07 – 02/029/08
MH 1901 Schedule B Supplemental	Worksheet for Units of Service and Revenues by Mode and Service Function for the period of 03/01/08 – 06/30/08
MH 1901 Schedule C	Supporting Documentation for the Method Used to Allocate Totals to Mode of Service and Service Function
MH 1960	Calculation of Program Costs
MH 1961	Medi-Cal Adjustments to Costs
MH 1962	Other Adjustments
MH 1963	Payments to Contract Providers
MH 1964	Allocation of Costs to Modes of Service
MH 1966 (Program 1 and Program 2)	Allocation of Costs to Service Functions – Mode Total
MH 1966 (Mode 05, Service Function 19)	EXCEPTION (Mode 05, Service Function 19)
MH 1966 (Modes 45 and 60)	Allocation of Costs to Service Functions – Mode Total for Outreach and Support (Modes 45 and 60)
MH 1966 (Mode 55)	Allocation of Costs to Service Functions – Mode Total for Mode 55 Medi-Cal Administrative Activities (MAA)
MH 1968	Determination of SD/MC Direct Services and MAA Reimbursement
MH 1969 (Optional)	Lower of Costs or Charges Determination
MH 1979	SD/MC Preliminary Desk Settlement
MH 1991	Calculation of SD/MC (Hospital Administrative Days)
MH 1992	Funding Sources

MH 1900**Information Worksheet**

The Information Worksheet is the starting point for the completion of the automated SD/MC Cost Report. The information provided here is automatically linked to forms and schedules in the cost report. This worksheet eliminates the redundant entry of county name and code, legal entity name and number on cost report forms and schedules. The information provided here applies to county and contract legal entities for Medi-Cal and non-Medi-Cal Cost Reports.

The Information Worksheet is divided into sections. Section I should be completed by "All Legal Entities" and Section II should be completed by "County Legal Entities only."

Section I: All Legal Entities

Legal entities that provided SD/MC units of service during the reporting period should select the "Y" option to the question, "Are you reporting SD/MC?" If you are not reporting SD/MC units of service, select option "N".

Section II: County Legal Entity Only

Each county legal entity is required to respond to the question whether their population is either over or under 125,000 population. If county population is over 125,000, select option "Y". If it is either 125,000 or under, select option "N".

County legal entities should report "Contract Provider Medi-Cal Direct Service Gross Reimbursement". The amount reported here is used to populate MH 1979, Line 2, Columns B and C used for the determination of Medi-Cal Administrative Reimbursement Limit.

NOTE: The reported amount is the sum of MH 1968, Lines 21, 21A and 22, Columns E & K for all Contract Providers that reported Medi-Cal units on the MH 1901 Schedule B. (Refer to MH 1979, Line 2 for details.)

County legal entities should report "Contract Provider Healthy Families Direct Service Gross Reimbursement". The amount reported here is used to populate MH 1979, Line 7A, Columns B and C, which are used for the determination of Healthy Families Administrative Reimbursement Limit.

NOTE: The reported amount is the sum of MH 1968, Lines 27 and 27A, Columns E & K for all Contract Providers that reported Healthy Families units on MH 1901 Schedule B.

County legal entities also are required to enter the provider numbers for Fee-For-Service Mental Health Specialty for individual and group providers.

County legal entities can make adjustments to Medi-Cal FFP due to contract limitations that will automatically populate MH 1979, Line 22, Column J.



State of California Health and Human Services Agency

Department of Mental Health

DETAIL COST REPORT
INFORMATION SHEET
MH1900 (Rev. 5/08)

FISCAL YEAR 2007 - 2008


SECTION I: ALL LEGAL ENTITIES:*All Legal Entities are to complete Section I.*

Name of Preparer:	
Date:	
Legal Entity Name:	
Legal Entity Number:	
County:	
County Code:	
Is this a County Legal Entity Report? (Y or N)	Yes 
Are you reporting SD/MC? (Y or N)	Yes 

HOME

MH1901_Schedule_A >>

SECTION II: COUNTY LEGAL ENTITY ONLY:*Only County Legal Entities are to Complete Section II.*

Address:	
Phone Number:	
County Population: Over 125,000? (Y or N):	Yes 

*Contract Provider Medi-Cal Direct Service Gross Reimbursement
(Used to populate MH1979 Line 2)*

Inpatient Services	
Outpatient Services	

*Contract Provider Healthy Families Direct Service Gross
Reimbursement (Used to populate MH1979 Line 7)*

Inpatient Services	
Outpatient Services	

Total State Share of SD/MC Cost:	
----------------------------------	--

*Fee For Service - Mental Health Specialty
Provider Numbers For Individual and Group*

Mode&SF -->

Legal Entity Number (FFS):	
Psychiatrist:	
Psychologist:	
Mixed Specialty Group:	
RN:	
LCSW:	
MFCC (MFT):	

*Adjust Medi-Cal FFP Due to Contract Limitation
(Used to populate MH1979 Line 22J)*

Mode 05 - Hospital Inpatient Services	
Mode 05 - Other 24 Hour Services	
Mode 10 - Day Services	
Mode 15 - Outpatient Services	
Contract Limitation Adjustment Total	\$ -

HOME

MH1901_Schedule_A >>

MH 1901 Schedule A

Statewide Maximum Allowances, Negotiated Rates and Published Charge

MH 1901 Schedule A requires information on state-approved Negotiated Rates (NR) and Published Charges (PC) for all authorized services. The form layout is by Mode and Service Functions (SF) and includes the FY 2007-2008 SD/MC Statewide Maximum Allowances (SMA) for the period **07/01/07 – 02/29/08**. While the SMA rates are provided, each legal entity must input the NR and PC data for all authorized services. This form serves as a “source document” that will enable the SMA, NR, and PC rates to be cell referenced to other applicable MH forms.

Column D – Negotiated Rate (NR)

Enter the Negotiated Rates for all Modes and Service Functions that have State-approved rates for the period of 07/01/07 – 02/29/08.

Column E – Published Charge (PC)

Enter Published Charge rates for appropriate Modes and Service Functions reported. Note that Outreach (including MAA) and Support Services are excluded. A legal entity's published charge is: (1) the usual and customary charge to the general public's “published charges” are usual and customary charges prevalent in the public mental health sector that are used to bill the general public, insurers, or other non-Medi-Cal payors. Legal entities with more than one published charge rate for a service function can report a *weighted average* published charge rate for the service function, or provide a separate support schedule with the following information: (1) each service function; (2) time period covered by each published charge; (3) each published charge per unit of service; (4) Medi-Cal units of service provided for each published charge; (5) total published charges for each service function (published charge per unit multiplied by the units of service). The published charge for Mode 05, Service Function 19, Hospital Administrative Days, should include physician and ancillary costs.

Column E, Rows 31-35 – Medi-Cal Eligibility Factor

Enter the Medi-Cal Eligibility Factor if participating in Medi-Cal Administrative Activities (MAA). A separate eligibility factor should be reported for each quarter claimed and should be consistent with quarterly MAA invoices submitted to DMH.

Column F -- County Non-Medi-Cal Contract Rate

Enter the non-Medi-Cal contract rates agreed between county and its service providers for Modes 45 and 60. Do not enter Medi-Cal contract rates in this column.

Column G -- Rate for Allocation

This column carries forward the NRs, entered in Columns D and F (county non-Medi-Cal contract rates with service providers), to the appropriate MH 1966 for the purpose of allocating costs to modes and service functions.

State of California Health and Human Services Agency

Department of Mental Health

DETAIL COST REPORT

SCHEDULE OF STATEWIDE MAXIMUM ALLOWANCES, NEGOTIATED RATES AND PUBLISHED CHARGES

MH 1901 SCHEDULE A (Rev. 5/08)

FISCAL YEAR 2007 - 2008

Entity Name: 0

Entity Number:

Fiscal Year: 2007 - 2008

07/01/07 - 02/29/08

		A	B	C	D	E	F	G
	SERVICE FUNCTION	MODE	SERVICE FUNCTION CODE	SMA	STATE APPROVED (NR)	PUBLISHED CHARGE	COUNTY NON M/C CONTRACT RATE	RATE FOR ALLOCATION
A. 24-HOUR SERVICES								
1	Hospital Inpatient	05	10 - 18	\$1,035.57				\$0.00
2	Hospital Administrative Day	05	19	\$311.32				\$0.00
3	Psychiatric Health Facility (PHF)	05	20 - 29	\$555.20				\$0.00
4	SNF Intensive	05	30 - 34					\$0.00
5	IMD Basic (No Patch)	05	35					\$0.00
6	IMD (With Patch)	05	36 - 39					\$0.00
7	Adult Crisis Residential	05	40 - 49	\$313.08				\$0.00
8	Jail Inpatient	05	50 - 59					\$0.00
9	Residential Other	05	60 - 64					\$0.00
10	Adult Residential	05	65 - 79	\$152.71				\$0.00
11	Semi - Supervised Living	05	80 - 84					\$0.00
12	Independent Living	05	85 - 89					\$0.00
13	MH Rehab Centers	05	90 - 94					\$0.00
B. DAY SERVICES								
14	Crisis Stabilization Emergency Room	10	20 - 24	\$37.19				\$0.00
15	Urgent Care	10	25 - 29	\$37.19				\$0.00
16	Vocational Services	10	30 - 39					\$0.00
17	Socialization	10	40 - 49					\$0.00
18	SNF Augmentation	10	60 - 69					\$0.00
19	Day Treatment Intensive Half Day	10	81 - 84	\$148.17				\$0.00
20	Full Day	10	85 - 89	\$208.10				\$0.00
21	Day Rehabilitation Half Day	10	91 - 94	\$86.43				\$0.00
22	Full Day	10	95 - 99	\$134.31				\$0.00
C. OUTPATIENT SERVICES								
23	Case Management, Brokerage	15	01 - 09	\$2.08				\$0.00
24	Mental Health Services	15	10 - 19	\$2.68				\$0.00
25	Mental Health Services	15	30 - 59	\$2.68				\$0.00
26	Medication Support	15	60 - 69	\$4.36				\$0.00
27	Crisis Intervention	15	70 - 79	\$3.39				\$0.00
D. OUTREACH SERVICES								
28	Mental Health Promotion	45	10 - 19					\$0.00
29	Community Client Services	45	20 - 29					\$0.00
E. MEDICAL ADMINISTRATIVE ACTIVITIES								
30	Medi-Cal Outreach	55	01 - 03		MEDI-CAL ELIGIBILITY FACTOR			
31	Medi-Cal Eligibility Intake	55	04 - 06		Quarter 1			
32	Medi-Cal Contract Administration	55	07 - 08		Quarter 2			
33	MAA Coordination and Claims Administration	55	09		Quarter 3			
34	Referral - Crisis, Non-Open Case	55	11 - 13		Quarter 4			
35	MH Services Contract Administration	55	14 - 16		Average			
36	Discounted Mental Health Outreach	55	17 - 19					
37	SPMP Case Management, Non-Open Case	55	21 - 23					
38	SPMP Program Planning and Development	55	24 - 26					
39	SPMP MAA Training	55	27 - 29					
40	Non-SPMP Case Management, Non-Open Case	55	31 - 34					
41	Non-SPMP Program Planning and Development	55	35 - 39					
F. SUPPORT SERVICES								
42	Conservatorship Investigation	60	20 - 29					\$0.00
43	Administration	60	30 - 39					\$0.00
44	Life Support/Board & Care	60	40 - 49					\$0.00
45	Case Management Support	60	60 - 69					\$0.00
46	Client Housing Support Expenditures	60	70					\$0.00
47	Client Housing Operating Expenditures	60	71					\$0.00
48	Client Flexible Support Expenditures	60	72					\$0.00
49	Non Medi-Cal Capital Assets	60	75					\$0.00
50	Other Non-Medi-Cal Client Support Expenditures	60	78					\$0.00

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MH1901_Schedule_A_S

MH1901_Schedule_B

MH 1901 Schedule A -- Supplemental**Statewide Maximum Allowances, Negotiated Rates and Published Charge**

MH 1901 Schedule A Supplemental (AS) requires information on state-approved Negotiated Rates (NR) and Published Charges (PC) for all authorized services. The form layout is by Mode and Service Functions (SF) and includes the FY 2007-2008 SD/MC Statewide Maximum Allowances (SMA) for the period **03/01/08 – 06/30/08**. While the SMA rates are provided, each legal entity must input the NR and PC data for all authorized services. This form serves as a “source document” that will enable the SMA, NR and PC rates to be cell referenced to other applicable MH forms.

Column D – Negotiated Rate (NR)

Enter the Negotiated Rates for all Modes and Service Functions that have State-approved rates for the period of 03/01/08 – 06/30/08.

Column E – Published Charge (PC)

Enter Published Charge rates for appropriate Modes and Service Functions reported. Note that Outreach (including MAA) and Support Services are excluded. A legal entity's published charge is: (1) the usual and customary charge to the general public's “published charges” are usual and customary charges prevalent in the public mental health sector that are used to bill the general public, insurers, or other non-Medi-Cal payors. Legal entities with more than one published charge rate for a service function can report a *weighted average* published charge rate for the service function, or provide a separate support schedule with the following information: (1) each service function; (2) time period covered by each published charge; (3) each published charge per unit of service; (4) Medi-Cal units of service provided for each published charge; (5) total published charges for each service function (published charge per unit multiplied by the units of service). The published charge for Mode 05, Service Function 19, Hospital Administrative Days, should include physician and ancillary costs.

Column E, Rows 31-35 – Medi-Cal Eligibility Factor

No entry. The Medi-Cal Eligibility Factor, if participating in Medi-Cal Administrative Activities (MAA), is entered on MH 1901 Schedule A only. A separate eligibility factor should be reported for each quarter claimed on MH 1901 Schedule A, and should be consistent with quarterly MAA invoices submitted to DMH.

Column F -- County Non-Medi-Cal Contract Rate

Enter the non-Medi-Cal contract rates agreed between county and its service providers for Modes 45 and 60. Do not enter Medi-Cal contract rates in this column.

Column G – Rate for Allocation

This column carries forward the NRs, entered in Columns D and F (county non-Medi-Cal contract rates with service providers), to the appropriate MH 1966 for the purpose of allocating costs to modes and service functions.

DETAIL COST REPORT

SCHEDULE OF STATEWIDE MAXIMUM ALLOWANCES, NEGOTIATED RATES AND PUBLISHED CHARGES

MH 1901 SCHEDULE A Supplement (Rev. 5/08)

FISCAL YEAR 2007 - 2008

Entity Name: 0

Entity Number: _____

Fiscal Year: 2007 - 2008

03/01/08 - 06/30/08

		A	B	C	D	E	F	G
	SERVICE FUNCTION	MODE	SERVICE FUNCTION CODE	SMA	STATE APPROVED (NR)	PUBLISHED CHARGE	COUNTY NON M/C CONTRACT RATE	RATE FOR ALLOCATION
	A. 24 - HOUR SERVICES							
1	Hospital Inpatient	05	10 - 18	\$1,035.57				\$0.00
2	Hospital Administrative Day	05	19	\$311.32				\$0.00
3	Psychiatric Health Facility (PHF)	05	20 - 29	\$555.20				\$0.00
4	SNF Intensive	05	30 -34					\$0.00
5	IMD Basic (No Patch)	05	35					\$0.00
6	IMD (With Patch)	05	36 - 39					\$0.00
7	Adult Crisis Residential	05	40 - 49	\$313.08				\$0.00
8	Jail Inpatient	05	50 - 59					\$0.00
9	Residential Other	05	60 - 64					\$0.00
10	Adult Residential	05	65 - 79	\$152.71				\$0.00
11	Semi - Supervised Living	05	80 - 84					\$0.00
12	Independent Living	05	85 - 89					\$0.00
13	MH Rehab Centers	05	90 - 94					\$0.00
	B. DAY SERVICES							
14	Crisis Stabilization Emergency Room	10	20 - 24	\$94.54				\$0.00
15	Urgent Care	10	25 - 29	\$94.54				\$0.00
16	Vocational Services	10	30 - 39					\$0.00
17	Socialization	10	40 - 49					\$0.00
18	SNF Augmentation	10	60 - 69					\$0.00
19	Day Treatment Intensive Half Day	10	81 - 84	\$144.13				\$0.00
20	Full Day	10	85 - 89	\$202.43				\$0.00
21	Day Rehabilitation Half Day	10	91 - 94	\$84.08				\$0.00
22	Full Day	10	95 - 99	\$131.24				\$0.00
	C. OUTPATIENT SERVICES							
23	Case Management, Brokerage	15	01 - 09	\$2.02				\$0.00
24	Mental Health Services	15	10 - 19	\$2.61				\$0.00
25	Mental Health Services	15	30 - 59	\$2.61				\$0.00
26	Medication Support	15	60 - 69	\$4.82				\$0.00
27	Crisis Intervention	15	70 - 79	\$3.88				\$0.00
	D. OUTREACH SERVICES							
28	Mental Health Promotion	45	10 - 19					\$0.00
29	Community Client Services	45	20 - 29					\$0.00
	E. MEDI-CAL ADMINISTRATIVE ACTIVITIES				MEDI-CAL ELIGIBILITY FACTOR			
30	Medi-Cal Outreach	55	01 - 03					
31	Medi-Cal Eligibility Intake	55	04 - 06		Quarter 1			
32	Medi-Cal Contract Administration	55	07 - 08		Quarter 2			
33	MAA Coordination and Claims Administration	55	09		Quarter 3			
34	Referral - Crisis, Non-Open Case	55	11 - 13		Quarter 4			
35	MH Services Contract Administration	55	14 - 16		Average			
36	Discounted Mental Health Outreach	55	17 - 19					
37	SPMP Case Management, Non-Open Case	55	21 - 23					
38	SPMP Program Planning and Development	55	24 - 26					
39	SPMP MAA Training	55	27 - 29					
40	Non-SPMP Case Management, Non-Open Case	55	31 - 34					
41	Non-SPMP Program Planning and Development	55	35 - 39					
	F. SUPPORT SERVICES							
42	Conservatorship Investigation	60	20 - 29					\$0.00
43	Administration	60	30 - 39					\$0.00
44	Life Support/Board & Care	60	40 - 49					\$0.00
45	Case Management Support	60	60 - 69					\$0.00
46	Client Housing Support Expenditures	60	70					\$0.00
47	Client Housing Operating Expenditures	60	71					\$0.00
48	Client Flexible Support Expenditures	60	72					\$0.00
48	Non Medi-Cal Capital Assets	60	75					\$0.00
48	Other Non Medi-Cal Client Support Expenditures	60	78					\$0.00

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<< MH1901_Schedule_A

MH1901_Schedule_B >>

No text this page.

MH 1901 Schedule B**Worksheet for Units of Service and Revenues by Mode and Service Function**

MH 1901 Schedule B is an “all purpose” type worksheet. Data reported here is used to populate the MH 1966, MH 1968, and MH 1979. This worksheet identifies services according to “settlement type”, modes and service functions and the period of service.

You will be prompted to fill out MH 1991 if you report Mode 05, Service Function 19 for Hospital Administrative Day.

Total units of service and units allocated to SD/MC, Medicare/Medi-Cal Crossovers, Enhanced Medi-Cal, Medi-Cal Administrative Activities and Healthy Families are accounted for here. Total units reported must equal the sum of Columns G, J, M, P, R, and U. Patient and Other Payor Revenues must also be reported on this worksheet. If unable to isolate Patient and Other Payor Revenues at the service function level, revenues can be reported at the modes of service level under the first reported service function within each mode.

NOTE: Enter settlement type, mode, and service function even though there are no total units of service reported to populate the settlement type, mode, and service function columns for MH 1901 Schedule B Supplemental.

SD/MC EXPLANATION OF BALANCES (EOB) AND INTERNAL REPORTING SYSTEM

The SD/MC system pays for mental health services provided under the SD/MC program to Medi-Cal beneficiaries. This system supports the claims submission, correction, and approval processes for the counties. For cost report submission and reconciliation, unit of service data reported must match Explanation of Balances (EOB) records and internal reporting system available in the county to track SD/MC units and revenues that were approved and valid.

NOTE: Complete reliance on the EOB reports is not sufficient because some approved claims, later denied, cannot be edited from the EOB reports. It is mandatory that the county establishes an internal tracking system that accurately complements the EOB reports for both cost report submission and audit trail purposes. Separate tracking systems labeled **package A, and package B** must be used to account for SD/MC units of service reported for year-end cost report submission and final cost report reconciliation. Package A should contain EOB SD/MC unit of service data used for year-end cost report submission, and package B should contain EOB SD/MC units of service data for final cost report reconciliation. These records should be maintained along with other records for cost report settlement and audit purposes.

Column A – Settlement Type

Enter the settlement type (CR, NR, TBS, ASO, MAA, MHS, ISA, and/or CAW) in Column A. Settlement type identifies the method used to determine reimbursement limit due to application of each program's rules and regulations or as part of a performance agreement between the Department and county legal entities.

State of California Health and Human Services Agency

Department of Mental Health

DETAIL COST REPORT

WORKSHEET FOR UNITS OF SERVICE AND REVENUE BY MODE AND SERVICE FUNCTION

MH 1901 SCHEDULE B (Rev. 5/08)

FISCAL YEAR 2007 - 2008

Entity Name: 0

Entity Number: _____

Fiscal Year: 2007 - 2008

07/01/07 - 02/29/08

Settlement Types	CR - Cost Reimburse	MAA - Medi-Cal Administrative Activities
	NR - Negotiated Rate	MHS - Mental Health Specialty
	TBS - Therapeutic Behavioral Services	ISA - Integrated Service Agency
	ASO - Administrative Services Organization	CAW - CALWORKS Services

A	B	C	D	E	G	H	J	K	M	O	P	Q	R	T	U
				SD/MC DATA		MEDICARE/MEDI-CAL CROSSOVER DATA		MEDI-CAL PATIENT AND OTHER PAYOR DATA	ENHANCED SHORT DOYLE MEDI-CAL DATA				HEALTHY FAMILIES (SED) DATA		
Settlement Type	Mode	SF	Total Units of Service	Units	Total Units	Units	Total Medicare/SD/MC Crossover Units	Revenue	Units (Children)	3rd Party Revenue (Children)	Units (Refugees)	3rd Party Revenue (Refugees)	Units	3rd Party Revenue	Non Medi-Cal Units
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MH1901_Schedule_B_S >>

MH1961 >>
MEDI-CAL
ADJUSTMENTS TO
COSTSMH1962 >>
OTHER COSTSMH1963 >>
PAYMENT TO
CONTRACT PROVIDERSMH1960 >>
CALCULATION OF
PROGRAM COSTS

Settlement Type

- **CR** Cost Reimbursement (CR) method of reimbursement is based on actual cost.
- **NR** Negotiated Rate (NR) method of reimbursement is based on a negotiated rate approved by the State.
- **TBS** Under the Judgment and Permanent Injunction the case of Emily Q. vs. Bontá, county MHPs are responsible for providing or arranging for Therapeutic Behavioral Services (TBS) as an EPSDT supplemental specialty mental health service. TBS is designed to provide intensive one-to-one services for children/youth with serious emotional disturbances (SED). TBS may be provided by individual, group or organizational providers who contract with the MHPs. The Judgment and Permanent Injunction also stipulates that “An MHP may allow a provider to participate in its managed care Medi-Cal program solely to provide TBS and no other service.” These “TBS Only” providers are not required to submit annual cost reports. County MHPs should reimburse this provider type and report these costs in Program 2–TBS as actual costs to the county under the county’s legal entity number. It should be noted that the exemption for cost report submittal relates only to providers as discussed above and that legal entities providing “TBS Only” are required to complete a cost report.
- **ASO** Administrative Services Organization (ASO) method of reimbursement is actual cost to the county. Counties are allowed to claim actual costs for payments made to the fiscal intermediary for the provision of services and related administrative fees for children placed outside of the county.
- **MAA** Reimbursement for Medi-Cal Administrative Activities (MAA) that are necessary for the proper and efficient administration of the Medi-Cal State Plan must be based on actual costs incurred by participating counties with an approved Mental Health MAA plan. Participation includes submission of a claiming plan that is approved by DMH, DHCS and CMS and submission of quarterly invoices that reflect the approved plan. All units of service for MAA that are claimed on the quarterly invoices must match the units of service identified on the cost report.
- **MHS** Mental Health Services (MHS) method of reimbursement is actual cost to the county. Counties are allowed to claim actual costs for payments made to Fee-For-Service individual or group providers for mental health specialty services.

- **ISA** Reimbursement for Integrated Service Agencies (ISA) is based on actual costs incurred by the county for payments made to providers of integrated service activities.
- **CAW** California Work Opportunity and Responsibility to Kids (CalWORKS) program is to prepare clients for work and assist them to obtain and maintain employment so they can effectively support their families. Under CalWORKS, case aid to families is time-limited and able-bodied adults in the families must meet certain work requirements to remain eligible. County welfare departments under the supervision of California Department of Social Services (CDSS) administer this program.

Column B – Mode

Enter the mode of service. This populates the MH 1901 Schedule B Supplemental.

Column C – Service Function

Enter the service function. This populates the MH 1901 Schedule B Supplemental.

Column D – Total Units of Service

Enter the total units for each service function. You must enter zero for service functions that have no total units of service.

Column E – SD/MC Units

(July 1, 2007 – February 29, 2008)

Enter the total regular SD/MC units (from billing records) for each Medi-Cal service function for the period 07/01/07 - 02/29/08. Do not include Medicare/Medi-Cal crossover units or enhanced SD/MC units here.

Column F – SD/MC Units

(March 1, 2008 – June 30, 2008)

No entry. Column is hidden. Complete Column F on MH 1901 Schedule B Supplemental for period of 03/01/08 – 06/30/08.

Column G – Total SD/MC Units

No entry. Sum of Column E only.

Column H – Medicare/Medi-Cal Crossover Units

(July 1, 2007 – February 29, 2008)

Enter the Medicare/Medi-Cal crossover units by service function for the period 07/01/07 -- 02/29/08.

Column I – Medicare/Medi-Cal Crossover Units

(March 1, 2008 – June 30, 2008)

No entry. Column is hidden. Complete Column I on MH 1901 Schedule B Supplemental for period of 03/01/08 – 06/30/08.

Column J – Total Medicare/Medi-Cal Crossover Units

No entry. This column is the sum of Column H only.

Column K – Third Party Revenue for Patient and Other Payors

Enter the third party revenue received by the agency and attributed to regular SD/MC and Medicare/Medi-Cal crossover units of service (07/01/07 -- 02/29/08) for each service function or mode of service.

Column L – Third Party Revenue for Patient and Other Payors

No entry. Column is hidden. Complete Column L on MH 1901 Schedule B

Supplemental for period of 03/01/08 – 06/30/08.

Third party revenue should include patient fees for Medi-Cal share of costs, patient insurance, Medicare, and other revenues received on behalf of Medi-Cal clients in providing Medi-Cal units. This does not include realignment funding. Revenues should be reported on an accrual basis and should be identified as directly as possible to service function or mode level. If revenues cannot be directly identified, use a reasonable method to allocate revenues between inpatient and outpatient services.

Medicare revenues include revenues for services provided during this cost report fiscal year. Prior year Medicare revenues should not be included in the cost report.

The State's Children's Health Insurance Program (SCHIP), known in California as the Healthy Families Program, is reimbursed under Title XXI at an enhanced FFP ratio of 65 percent. In addition, expanded eligibility for children under Title XXI for the Medi-Cal child health plan (known in California as MCHIP) also provides an enhanced FFP reimbursement of 65 percent.

Column M – Units of Service for Enhanced SD/MC (Children)

(July 1, 2007 – February 29, 2008)

Enter the units of service for each service function for Enhanced SD/MC (Children) for the period 07/01/07 -- 02/29/08.

Column N – Units of Service for Enhanced SD/MC (Children)

(March 1, 2008 – June 30, 2008)

No entry. Column is hidden. Complete Column N on MH 1901 Schedule B

Supplemental for period of 03/01/08 – 06/30/08.

Column O – Third Party Revenue Enhanced SD/MC (Children)

Enter Third Party Revenue collections for Enhanced SD/MC (Children) services for the period of 07/01/07 – 02/29/08. See Columns K & L for more information.

Column P – Units of Service for Enhanced SD/MC (Refugees)

Enter units of service for each service function for Enhanced SD/MC (Refugees) for the period of 07/01/07 – 02/29/08. These are units of service that were billed through the SD/MC system using Aid Codes 01, 02, 08, or 0A.

Column Q – Third Party Revenue (Refugees)

Enter Third Party Revenue collections for refugees for the period of 07/01/07 – 02/29/08. See Columns K & L for more information.

Column R – Units of Service – Healthy Families (SED)**(July 1, 2007 – February 29, 2008)**

Enter units of service for each service function for Healthy Families for the period of 07/01/07 -- 02/29/08. These are units of service that were billed through the SD/MC system using Aid Codes 7X or 9H.

Column S – Units of Service – Healthy Families (SED)**(March 1, 2008 – June 30, 2008)**

No entry. Column is hidden. Complete Column S on MH 1901 Schedule B **Supplemental** for period of 03/01/08 – 06/30/08.

Column T – Third Party Revenue Healthy Families (SED)

Enter Third Party Revenue collections for Healthy Families (SED) for the period of 07/01/07 – 02/29/08. See Columns K & L for more information.

Column U – Non-Medi-Cal Units

No entry. This column calculates the total units less all SD/MC units. Column **U** equals Column **D** less Columns **G, J, M, P, and R**. If the aggregate of Columns **G, J, M, P, and R** is greater than Column **D**, you will get an error code in this column. You will need to identify and correct this before continuing.

MH 1901 Schedule B -- Supplemental**Worksheet for Units of Service and Revenues by Mode and Service Function**

MH 1901 Schedule B Supplemental (BS) is an “all purpose” type worksheet. Data reported here is used to populate the MH 1966, MH 1968, and MH 1979. This worksheet identifies services according to “settlement type”, modes and service functions and the period of service. ***You will be prompted to fill out MH 1991 if you report Mode 05, Service Function 19 for Hospital Administrative Day.***

Total units of service and units allocated to SD/MC, Medicare/Medi-Cal Crossovers, Enhanced Medi-Cal, Medi-Cal Administrative Activities and Healthy Families are accounted for here. Total units reported must equal the sum of Columns G, J, N, P, S, and U. Patient and Other Payor Revenues must also be reported on this worksheet. If unable to isolate Patient and Other Payor Revenues at the service function level, revenues can be reported at the modes of service level under the first reported service function within each mode.

SD/MC EXPLANATION OF BALANCES (EOB) AND INTERNAL REPORTING SYSTEM

The SD/MC system pays for mental health services provided under the SD/MC program to Medi-Cal beneficiaries. This system supports the claims submission, correction, and approval processes for the counties. For cost report submission and reconciliation, unit of service data reported must match Explanation of Balances (EOB) records and internal reporting system available in the county to track SD/MC units and revenues that were approved and valid.

NOTE: Complete reliance on the EOB reports is not sufficient because some approved claims, later denied, cannot be edited from the EOB reports. It is mandatory that the county establishes an internal tracking system that accurately complements the EOB reports for both cost report submission and audit trail purposes. Separate tracking systems labeled ***package A, and package B*** must be used to account for SD/MC units of service reported for year-end cost report submission and final cost report reconciliation. Package A should contain EOB SD/MC unit of service data used for year-end cost report submission, and package B should contain EOB SD/MC units of service data for final cost report reconciliation. These records should be maintained along with other records for cost report settlement and audit purposes.

Column A – Settlement Type

No entry. Settlement type automatically populated from MH 1901 Schedule B. Settlement type identifies the method used to determine reimbursement limit due to application of each program’s rules and regulations or as part of a performance agreement between the Department and county legal entities.

State of California Health and Human Services Agency
DETAIL COST REPORT
WORKSHEET FOR UNITS OF SERVICE AND REVENUE BY MODE AND SERVICE FUNCTION
 MH 1901 SCHEDULE B Supplement (Rev. 5/08)

Department of Mental Health
 FISCAL YEAR 2007 - 2008

Entity Name: 0 Entity Number: _____

Fiscal Year: 2007 - 2008 03/01/08 - 06/30/08

Settlement Types	CR - Cost Reimburse	MAA - Medi-Cal Administrative Activities
	NR - Negotiated Rate	MHS - Mental Health Specialty
	TBS - Therapeutic Behavioral Services	ISA - Integrated Service Agency
	ASO - Administrative Services Organization	CAW - CALWORKS Services

A	B	C	D	F SD/MC DATA		I MEDICARE/MEDI-CAL CROSSOVER DATA	J Total Medicare/SD/MC Crossover Units	L MEDI-CAL PATIENT AND OTHER PAYOR DATA	N ENHANCED SHORT DOYLE MEDI-CAL DATA				S HEALTHY FAMILIES (SED) DATA		U Non Medi-Cal Units
Settlement Type	Mode	SF	Total Units of Service	Units	Total Units	Units		REVENUE	Units (Children)	3rd Party Revenue (Children)	Units (Refugees)	3rd Party Revenue (Refugees)	Units	3rd Party Revenue	
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MH1961 >>
 MEDI-CAL
 ADJUSTMENTS TO
 COSTS

MH1962 >>
 OTHER COSTS

MH1963 >>
 PAYMENT TO
 CONTRACT PROVIDERS

MH1960 >>
 CALCULATION OF
 PROGRAM COSTS

Settlement Type

- **CR** Cost Reimbursement (CR) method of reimbursement is based on actual cost.
- **NR** Negotiated Rate (NR) method of reimbursement is based on a negotiated rate approved by the State.
- **TBS** Under the Judgment and Permanent Injunction the case of Emily Q. vs. Bontá, county MHPs are responsible for providing or arranging for Therapeutic Behavioral Services (TBS) as an EPSDT supplemental specialty mental health service. TBS is designed to provide intensive one-to-one services for children/youth with serious emotional disturbances (SED). TBS may be provided by individual, group, or organizational providers who contract with the MHPs. The Judgment and Permanent Injunction also stipulates that, “An MHP may allow a provider to participate in its managed care Medi-Cal program solely to provide TBS and no other service.” These “TBS Only” providers are not required to submit annual cost reports. County MHPs should reimburse this provider type and report these costs in Program 2–TBS as actual costs to the county under the county’s legal entity number. It should be noted that the exemption for cost report submittal relates only to providers as discussed above and that legal entities providing “TBS Only” are required to complete a cost report.
- **ASO** Administrative Services Organization (ASO) method of reimbursement is actual cost to the county. Counties are allowed to claim actual costs for payments made to the fiscal intermediary for the provision of services and related administrative fees for children placed outside of the county.
- **MAA** Reimbursement for Medi-Cal Administrative Activities (MAA) that are necessary for the proper and efficient administration of the Medi-Cal State Plan must be based on actual costs incurred by participating counties with an approved Mental Health MAA plan. Participation includes submission of a claiming plan that is approved by DMH, DHCS, and CMS and submission of quarterly invoices that reflect the approved plan. All units of service for MAA that are claimed on the quarterly invoices must match the units of service identified on the cost report.
- **MHS** Mental Health Services (MHS) method of reimbursement is actual cost to the county. Counties are allowed to claim actual costs for payments made to Fee-For-Service individual or group providers for mental health specialty services.

- **ISA** Reimbursement for Integrated Service Agencies (ISA) is based on actual costs incurred by the county for payments made to providers of integrated service activities.
- **CAW** California Work Opportunity and Responsibility to Kids (CalWORKS) program is to prepare clients for work and assist them to obtain and maintain employment so they can effectively support their families. Under CalWORKS, case aid to families is time-limited and able-bodied adults in the families must meet certain work requirements to remain eligible. County welfare departments under the supervision of California Department of Social Services (CDSS) administer this program.

Column B – Mode

No entry. Automatically populated from MH 1901 Schedule B.

Column C – Service Function

No entry. Automatically populated from MH 1901 Schedule B.

Column D – Total Units of Service

Enter the total units for each service function. You must enter zero for service functions that have no total units of service.

Column E – SD/MC Units

(July 1, 2007 – February 29, 2008)

No entry. Column is hidden.

Column F – SD/MC Units

(March 1, 2008 – June 30, 2008)

Enter the total regular SD/MC units (from billing records) for each Medi-Cal service function for the period 03/01/08 – 06/30/08. Do not include Medicare/Medi-Cal crossover units or enhanced SD/MC units here.

Column G – Total SD/MC Units

No entry. Sum of Column F only.

Column H – Medicare/Medi-Cal Crossover Units

(July 1, 2007 – February 29, 2008)

No entry. Column is hidden.

Column I – Medicare/Medi-Cal Crossover Units

(March 1, 2008 – June 30, 2008)

Enter the Medicare/Medi-Cal crossover units by service function for the period 03/01/08 – 06/30/08.

Column J – Total Medicare/Medi-Cal Crossover Units

No entry. Sum of Column I only.

Column K – Third Party Revenue for Patient and Other Payors

No entry. Column is hidden.

Column L – Third Party Revenue for Patient and Other Payors

Enter the third party revenue received by the agency and attributed to regular SD/MC and Medicare/Medi-Cal crossover units of service (03/01/08 -- 06/30/08) for each service function or mode of service.

Third party revenue should include patient fees for Medi-Cal share of costs, patient insurance, Medicare, and other revenues received on behalf of Medi-Cal clients in providing Medi-Cal units. This does not include realignment funding. Revenues should be reported on an accrual basis and should be identified as directly as possible to service function or mode level. If revenues cannot be directly identified, use a reasonable method to allocate revenues between inpatient and outpatient services.

Medicare revenues include revenues for services provided during this cost report fiscal year. Prior year Medicare revenues should not be included in the cost report.

**Column M – Units of Service for Enhanced SD/MC (Children)
(July 1, 2007 – February 29, 2008)**

No entry. Column is hidden.

**Column N – Units of Service for Enhanced SD/MC (Children)
(March 1, 2008 – June 30, 2008)**

Enter the units of service for each service function for Enhanced SD/MC (Children) for the period 03/01/08 – 06/30/08.

Column O – Third Party Revenue Enhanced SD/MC (Children)

Enter Third Party Revenue collections for Enhanced SD/MC (Children) services for the period of 03/01/08 – 06/30/08. See Columns K & L for more information.

Column P – Units of Service for Enhanced SD/MC (Refugees)

Enter units of service for each service function for Enhanced SD/MC (Refugees) for the period of 03/01/08 – 06/30/08. These are units of service that were billed through the SD/MC system using Aid Codes 01, 02, 08, or 0A.

Column Q – Third Party Revenue (Refugees)

Enter Third Party Revenue collections for refugees for the period of 03/01/08 – 06/30/08. See Columns K & L for more information.

**Column R – Units of Service – Healthy Families (SED)
(July 1, 2007 – February 29, 2008)**

No entry. Column is hidden.

**Column S – Units of Service – Healthy Families (SED)
(March 1, 2008 – June 30, 2008)**

Enter units of service for each service function for Healthy Families for the period 03/01/08 – 06/30/08. These are units of service that were billed through the SD/MC system using Aid Codes 7X or 9H.

Column T – Third Party Revenue Healthy Families (SED)

Enter Third Party Revenue collections for Healthy Families (SED) for the period of 03/01/08 – 06/30/08. See Columns K & L for more information.

Column U – Non-Medi-Cal Units

No entry. This column calculates the total units less all SD/MC units. Column **U** equals Column **D** less Columns **G, J, N, P, and S**. If the aggregate of columns **G, J, N, P, and S** is greater than Column **D**, you will get an error code in this column. You will need to identify and correct this before continuing.

MH 1901 Schedule C***Supporting Documentation for the Method Used to Allocate Total Cost to Mode of Service and Service Function***

MH 1901 Schedule C is designed to automatically pull **direct service costs** for allocation from MH 1960, Line 18. The Settlement Type, Mode, Service Function, and Total Units are automatically populated from MH 1901 Schedule B and Schedule B Supplemental. This worksheet is also designed to automatically distribute direct service costs to modes and service functions through the application of any of the three approved allocation methods. The three allocation methods are: (1) Costs determined at the service function level; (2) Time study; and (3) Relative Value method. The calculations performed here automatically populate MH 1966, Programs 1 and 2. Selection of an "Allocation Method" from the Allocation Box above will allow the distribution of direct service costs to modes and service functions. For example, if you select SMA Rate as an allocation option from the Allocation Box, it means that this worksheet will perform a relative value calculation using information from MH 1901 Schedule A and Schedule A Supplemental to allocate direct service costs to modes and service functions on MH 1966, Program 1 or 2.

The method chosen must be applied consistently and uniformly to all direct services, and must be consistent from year to year. A legal entity can request to change its allocation method by writing to DMH.

Allocation Methodology**1. Costs Determined at Service Function Level**

Some legal entities have the technology and reporting mechanisms to capture costs at the service function level. Legal entities with this capability should allocate costs in this manner.

2. Time Study

The time study procedure used previously to allocate costs between modes of service can be used to allocate costs between service functions. To accomplish this, hours must be reported at the service function level rather than at the mode of service level. The percentage of total is calculated by dividing the costed hours for each service function by the total costed hours.

3. Relative Value

Units of service/time multiplied by the legal entity's charge for each service function determines the relative value assigned to each service function. A legal entity's charge for each service function is: (1) the legal entity's published charge; (2) the legal entity's usual and customary charge; or (3) the legal entity's charge to the general public for providing services. The SMA rate for each service function may be substituted for the legal entity's charge. The relative value for each service function is divided by the sum of all relative values to determine the percentage of the total for each service function. This method should be used by legal entities whose charges are established and updated annually based on the costs of providing the service. The relative value method cannot be used to allocate Mode 05, Service Functions 10 through 19, service costs according to the Department's Fiscal Audits Unit.

State of California Health and Human Services Agency
 Department of Mental Health
 FISCAL YEAR 2007 - 2008

Entity Name: 0 Fiscal Year: 2007 - 2008 Entity Number: _____

☐ Allocation ☐ SKA Rate
☒ Published Charges ☐ Directly Allocated

COSTS TO BE ALLOCATED
 Allowable Mode Costs (MH1960 Line 15, Col. C)

A	B	C	D	E	F	G	H	I
Settlement Type	Mode	SF	Total Units	Eligible Direct Cost	Allocation Basis Directly Allocated Data	Relative Value	Allocation %	Allocated Cost
1S								
2S								
3S								
4S								
5S								
6S								
7S								
8S								
9S								
10S								
11S								
12S								
13S								
14S								
15S								
16S								
17S								
18S								
19S								
20S								
21S								
22S								
23S								
24S								
25S								
26S								
27S								
28S								
29S								
30S								
31S								
32S								
33S								
34S								
35S								
36S								
37S								
38S								
39S								
40S								
41S								
42S								
43S								
44S								
45S								
46S								
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48S								
49S								
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51S								
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54S								
55S								
56S								
57S								
58S								
59S								
60S								
61S								
62S								
63S								
64S								
65S								
66S								
67S								
68S								
69S								
70S								
71S								
72S								
73S								
74S								
75S								
76S								
77S								
78S								
79S								
80S								
81S								
82S								
83S								
84S								
Totals								

HOME << MH1960 MH1969_INST >>

Summary

Mode	Allocated Cost	Allocated %	Settlement Type	Allocated Cost
5 10-19		0.00%	19S	
5 Other		0.00%	20S	
15 Program_1		0.00%	21S	
45		0.00%	Total	
55		0.00%		
60		0.00%		
Total		0.00%		

Allocation Method Option Box

Select an Allocation Method

- **Rate for Allocation** – Select “Rate for Allocation” to use the relative value method based on the combined state negotiated rates and county non-Medi-Cal contract rates to allocate costs to modes and service functions. Do not select this option if you have not negotiated all your service functions for a Mode of Service. You can use this allocation method if there are Modes 45 and 60 costs to be allocated.
- **Statewide Maximum Allowances (SMA) Rate** – Select “SMA” for relative value method of cost allocation based on SMAs, if there are SMA rates for all the modes and service functions to be allocated.
- **Published Charges** – Select “Published Charges” for relative value method of cost allocation based on published charges, if you reported published charge rates for all the modes and service functions.
- **Directly Allocated** – Select “Directly Allocated” for the direct cost allocation method. This method can be used if costs were developed based on a time study or any other approved costing method.

Column A – Settlement Type

No entry. This column automatically populates from MH 1901 Schedule B, Column A.

Column B – Mode

No entry. This column automatically populates from MH 1901 Schedule B, Column B.

Column C – Service Function

No entry. This column automatically populates from MH 1901 Schedule B, Column C.

Column D – Total Units

No entry. This column automatically populates from MH 1901 Schedule B, Column D.

Column E – Eligible Direct Cost

Enter costs associated with TBS, ASO, MHS, ISA, MAA and CAW. These costs, except for MAA and CAW, are reported on MH 1966, Program 2, based on actual costs to the county. Non-Medi-Cal costs for Modes 45 and 60 may also be entered in this column.

Column F – Directly Allocated Cost

Enter amount for direct allocation to each service function on MH 1966, Program 1. In order to use this column for direct allocation, you must select “Directly Allocated” option from the allocation method selection box. Do not report amounts associated with TBS, MAA, ASO, ISA, MHS and CAW in this column.

Column G – Relative Value

No entry. This column computes the relative value using the selected allocation base. Relative value is the product of multiplying negotiated rate, SMA or published charges by the service function total units of service. For example, if Published Charges is the selected allocation base from the “Allocation Method” option box, the amount generated and placed in Column G will be the product of the published charge rate from MH 1901 Schedule A and Schedule A Supplemental published charge column, and the total units reported on MH 1901 Schedule C, Column D for each service function.

Column H – Allocation Percentage

No entry. This column computes the allocation percentages for each service function. This is achieved by dividing each service function relative value statistics by the aggregate of all the service functions relative value statistics.

Column I – Allocated Cost

No entry. This column computes the allocated cost for each service function. Allocated cost is the product of Column H and MH 1960, Column C, Line 18 minus Column E total. Total direct service costs for allocation includes Eligible Direct Cost from Column E.

NOTE: If data is entered on Column E – Eligible Direct Cost and Column F – Directly Allocated Costs, the sum of Columns E and F **SHOULD** equal the amount shown on Column I. If they do not, the county is responsible for maintaining supporting documentation as to their allocation methodology.

MH 1960***Calculation of Program Costs***

The purpose of MH 1960 is to adjust legal entity costs for Medi-Cal principles of reimbursement, identify the adjusted costs applicable to administration, utilization review, research and evaluation, Medi-Cal Administrative Activities (MAA), and direct service modes of service or cost centers.

Line 1 – Mental Health Expenditure

County legal entities should report total gross expenditures for county mental health department or division from the county auditor-controller's report. Amount should include all inter/intra fund transfers and contra entries should be reported as gross expenditures prior to applying revenues. Expenditures should include Healthy Families and Enhanced Medi-Cal funds. The amount on Line 1, Column C should match the total on the summary page of the auditor-controller's report, or the county should maintain work papers that reconcile the amount reported on Line 1, Column C to the auditor-controller's report. Contract provider legal entities should report total gross expenditures from their trial balance.

Column A – Enter the mental health Salaries and Benefits expenditures.

Column B – Enter all Other mental health expenditures.

Column C – No entry. This column sums Columns A and B.

Line 2 – Encumbrances

Add encumbrances incurred by the legal entity during the cost report fiscal year not reported on Line 1, and subtract encumbrances included in Line 1 not applicable to the cost report fiscal year.

Column A – Enter the Salaries and Benefits encumbrances for the fiscal year.

Column B – Enter the Other encumbrances for the fiscal year.

Column C – No entry. This column automatically populates from Columns A and B.

Line 3 – Less: Payments to Contract Providers (County Only) from MH 1963

No entry. Information for this line automatically populates from MH 1963, Column D, Total Payments to Contract Providers.

Column A – No entry.

Column B – No entry. This column automatically populates from MH 1963, Column D, Total Payments for Contract Providers.

Column C – No entry. This column automatically populates from Column B.

State of California Health and Human Services Agency		Department of Mental Health	
DETAIL COST REPORT			
CALCULATION OF PROGRAM COSTS			
MH 1960 (Rev. 5/08)			
FISCAL YEAR 2007 - 2008			
County: 0			
County Code:			
Legal Entity:	A	B	C
Legal Entity Number:	Salaries and Benefits	Other	Total Costs
1 Mental Health Expenditures			
2 Encumbrances			
3 Less: Payments to Contract Providers (County Only)			
4 Other Adjustments from MH 1962			
5 Total Costs Before Medi-Cal Adjustments			
6 Medi-Cal Adjustments from MH 1961			
7 Managed Care Consolidation (County Only)			
8 Allowable Costs for Allocation			
Administrative Costs (County Only)			
9 SD/MC Administration			
10 Healthy Families Administration			
11 Non-SD/MC Administration			
12 Total Administrative Costs			
Utilization Review Costs (County Only)			
13 Skilled Professional Medical Personnel			
14 Other SD/MC Utilization Review			
15 Non-SD/MC Utilization Review			
16 Total Utilization Review Costs			
17 Research and Evaluation (County Only)			
18 Mode Costs (Direct Service and MAA)			
19 Total Costs - Lines 9 through 18			
			Crosscheck
			0 OK
			0 OK
<div>HOME</div> <div>MH1901_Schedule_C >></div> <div><< MH1961</div> <div><< MH1962</div> <div><< MH1963</div>			

Line 4 – Other Adjustments

No entry. Information for this line automatically populates from MH 1962, Columns A, B, and C, Line 20.

Column A – No entry. Salary and Benefits automatically populates from MH 1962, Column A, Line 20.

Column B – No entry. Adjustments to cost other than Salary and Benefits automatically populates from MH 1962, Column B, Line 20.

Column C – No entry. Automatically populates from the sum of Columns A and B.

Line 5 – Total Costs Before Medi-Cal Adjustments

Columns A, B and C – No entry. This line is the sum of Lines 1 through 4.

Line 6 – Medi-Cal Adjustments

No entry. The total Medi-Cal Adjustment is automatically populated from MH 1961, Line 20, Column C. Refer to Center for Medicare and Medicaid Services (CMS) Publication 15, Provider Reimbursement Manual Parts I & II for further explanation of Medi-Cal allowable and non-allowable costs.

NOTE: Treatment of depreciation under Medi-Cal is different than under “realignment” without Medi-Cal. Medi-Cal adjustments can be either additions or subtractions to total cost, depending on the types of adjustments. For example, most counties expense equipment as purchased. Medi-Cal principles dictate that the purchase of equipment should be depreciated over the life of the asset, thereby reducing the allowable costs in the year of acquisition, and increasing allowable costs in subsequent years.

Line 7 – Managed Care Consolidation. (Community Services Managed Care-Outpatient Mental Health Services) – County Only

County legal entities are to enter the “Outpatient Mental Health Services” expenditures funded through Community Services – Managed Care allocation (Line 8 of MH 1994) if not included in Line 1. Rollover of FY 2006-2007 managed care funds expended for Outpatient Mental Health Services (Line 2b of MH 1994) should also be included here, if not included in Line 1.

Column C – Enter the expenditures funded through Community Services and the rollover FY 2006-2007 managed care funds expended for Outpatient Mental Health Services if they were not included in Line 1.

Line 8 – Allowable Costs for Allocation

Column C – No entry. This line is the sum of Lines 5, 6 and 7.

The allowable costs on Line 8 are to be allocated among administrative cost centers, utilization review cost centers, research and evaluation, direct services and MAA.

Lines 9 through 12 – Administrative Cost – County Only

County legal entities should report administrative costs on Lines 9, 10 and 11 in Column C. These costs are summed on Line 12 (no entry required on Line 12). Administrative costs should be apportioned between Line 9 (SD/MC including Inpatient FFS/MC), Line 10 (Healthy Families), and Line 11 (non-SD/MC) using: (1) the percentage of Medi-Cal recipients in the population served by the county; (2) relative values based on units and published charges; or (3) gross costs of each program. Follow the instructions in the Medi-Cal Administrative Activities (MAA) Instruction Manual for guidance on how to determine the percentage of Medi-Cal recipients. Refer to instructions for MH 1901 Schedule C if relative value is the method chosen.

Lines 13 through 16 – Utilization Review Costs – County Only

County legal entities should report Utilization Review costs on Lines 13 through 16 in Column C. Skilled Professional Medical Personnel cost should be reported on Line 13, Other SD/MC Utilization Review (Line 14), and Non-SD/MC Utilization Review (Line 15). Amount reported on Line 13 is reimbursed at the enhanced rate (75 percent FFP). Documentation supporting the amount on Line 13 must be maintained by the county legal entity. *MAA Instruction Manual* provides a detailed discussion of how to identify Skilled Professional Medical Personnel.

If the county performs utilization review of all services regardless of client Medi-Cal eligibility, a portion of the utilization review cost should be reported on Line 15. These costs are summed on Line 16 (no entry required on Line 16).

Line 17 – Research and Evaluation

County legal entities should enter research and evaluation costs on Line 17. Research includes costs for centralized activities under the direction of the Local Mental Health Director designed to increase the scientific knowledge and understanding of the nature, cause, prevention, and treatment of mental, emotional, or behavioral disorders. Evaluation includes the cost of scientific studies regarding the effectiveness and efficiency of specific mental health programs in which goals are clearly defined and achieved in measurable terms. Line 17 should not include Medi-Cal reimbursable costs. Costs of studies, analyses, surveys, and related activities aimed at improving and making provider administration and operation more efficient are not considered research costs and should not be reported on Line 17.

Line 18 – Mode Costs (Direct Service and MAA) – County Only

All legal entities must enter the direct service and MAA costs on Line 18, Column C. This includes all direct costs of providing mental health services and all MAA costs.

Line 19 – Total Costs – Lines 9 through 18

No entry. Line 19 is the sum of Lines 12, 16, 17 and 18. The total amount on Line 19 should equal the amount on Line 8. Any difference between the two amounts should be corrected before proceeding.

MH 1961**Medi-Cal Adjustments to Costs**

The purpose of MH 1961 is to calculate adjustments to costs for Medi-Cal and Medicare principles of allowable costs. Adjustments identified on this form are transferred to MH 1960, Line 6. Refer to Centers for Medicare and Medicaid Services (CMS) Publication 15, Provider Reimbursement Manual Parts I & II for further explanation of Medi-Cal allowable and non-allowable costs.

Lines 1 through 19

Enter all applicable adjustments to costs for Medi-Cal and Medicare principles of allowable costs. Column C automatically populates the sum of Columns A and B.

Line 20 – Total Adjustments

No entry. Sum of Lines 1 through 19 for each column. The amount in Column C will be entered on MH 1960, Line 6, Column C.

State of California Health and Human Services Agency		Department of Mental Health	
DETAIL COST REPORT			
MEDI-CAL ADJUSTMENTS TO COSTS			
MH 1961 (Rev. 5/08)		FISCAL YEAR 2007 - 2008	
County: 0			
County Code:			
Legal Entity: 0	A	B	C
Legal Entity Number:	Salaries and Benefits	Other	Total Adjustments
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20 Total Adjustments			

Crosscheck
 0 OK

HOME
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<< MH1991
MH1962 >>
MH1960 >>

MH 1962**Other Adjustments**

The purpose of MH 1962 is to provide detail information of other adjustments for each activity. Information entered here will automatically populate MH 1960, Line 4, Columns A, B, and C.

Add or subtract any other adjustments to costs the legal entity might have on this form. For example, if the amount reported on MH 1960, Line 1 from the county auditor-controller's report includes the costs of the county substance abuse division, the costs of the substance abuse division would be deducted on MH 1960, Line 4. Also, if the COWCAP A-87 (county overhead) costs were not included in the county auditor-controller's report, these costs would be added on MH 1960, Line 4. Audit adjustments also should be included on MH 1960, Line 4. Other situations that are unique for individual legal entities should be addressed on MH 1960, Line 4.

Lines 1 through 19

Enter all other adjustments to costs on Columns A and B for Lines 1 through 19. Column C automatically populates the sum of Columns A and B.

Line 20 – Total Adjustments

No entry. Sum of Lines 1 through 19 for each column. The amount in Column C will automatically populate MH 1960, Line 4, Column C.

State of California Health and Human Services Agency		Department of Mental Health	
DETAIL COST REPORT			
OTHER ADJUSTMENTS			
MH 1962 (Rev. 5/08)			
FISCAL YEAR 2007 - 2008			
County: 0			
County Code:			
Legal Entity: 0			
Legal Entity Number:		A	B
		Salaries and Benefits	Other
			Total Adjustments
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20	Total Adjustments		

Crosscheck
 0 OK

HOME
<< MH1901_Schedule_B
<< MH1961
MH1963 >>
MH1960 >>

MH 1963**Payments to Contract Providers (County Only)**

The purpose of MH 1963 is to capture the payments to contract providers. Information entered here will automatically populate MH 1960, Line 3, Columns B and C.

Payments to contract provider legal entities include all interim payments to providers with which the county has a service contract and should be reported in the year in which services/units are provided. This does not include payments to hospitals operated by other county departments. Payments for fee-for-service vendor contracts should not be included on this line. Most county legal entities will not record the Fee-for-Service/Medi-Cal (FFS/MC) payments in their auditor-controller's report because these payments are pass-through funds to the hospital. These payments would not be included on MH 1960, Line 1 or Line 3. **If payments to FFS/MC hospitals contracted under inpatient consolidation are included on MH 1960, Line 1**, these expenditures should be included on this line in order to reduce total mental health expenditures by the FFS/MC amount. Payments to contract providers should be reported in the year in which services/units are provided.

Column B – Enter the contract provider's legal entity name or one entry for the FFS/MC hospitals.

Column C – Enter the contract provider's legal entity number.

Column D – Enter the amount paid to the contract provider. This amount should equal at least the amount on the legal entity cost report. A cost report should be submitted for each contract provider payment listed.

State of California Health and Human Services Agency		Department of Mental Health	
DETAIL COST REPORT			
PAYMENTS TO CONTRACT PROVIDERS			
MH 1963 (Rev. 5/08)		FISCAL YEAR 2007 - 2008	
County: 0			
County Code:			
A	B	C	D
Item	Legal Entity Name	Legal Entity Number	Amount Paid
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
44			
45			
46			
47			
48			
49			
50			
Total Payments to Contract Providers			

HOME
MH1960 >>
Add Line Items

MH 1964**Allocation of Costs to Modes of Service**

The purpose of MH 1964 is to distribute mode costs to various modes of service, including MAA. **See Appendix E for mode of service information.**

Line 1 – Mode Costs (Direct Service and MAA) from MH 1960

No entry. Automatically populates the direct service costs from Line 18 of MH 1960.

Lines 2 through 8 – Modes

No entry. The costs for each mode of service are automatically populated from MH 1901 Schedule C, Column I.

Line 9 – Total – Lines 2 through 8

No entry. This line sums Lines 2 through 8. The amount on Line 9 should equal the amount on Line 1. Any difference between the two amounts should be corrected on MH 1960, Lines 9 through 18 before proceeding.

State of California Health and Human Services Agency		Department of Mental Health
DETAIL COST REPORT		
ALLOCATION OF COSTS TO MODES OF SERVICE		
MH 1964 (Rev. 5/08)		FISCAL YEAR 2007 - 2008
County: 0		
County Code:		
Legal Entity: 0	A	
Legal Entity Number:	Total	
	Costs	
1	Mode Costs (Direct Service and MAA) from MH 1960	
	Modes	
2	Hospital Inpatient Services (Mode 05-SFC 10-19)	
3	Other 24 Hour Services (Mode 05-All Other SFC)	
4	Day Services (Mode 10)	
5	Outpatient Services (Mode 15 Program 1 + Program 2)	
6	Outreach Services (Mode 45)	
7	Medi-Cal Administrative Activities (Mode 55)	
8	Support Services (Mode 60)	
9	Total - Lines 2 through 8	
<input type="button" value="HOME"/>		
		Crosscheck OK

MH 1966 Program 1 and Program 2**Allocation of Costs to Service Functions – Mode Total**

MH 1966, Program 1 and Program 2 distribute modes of service costs to the service function level. Program 2 accounts for pass-through costs incurred by fee-for-service contract providers, TBS-only contract providers, non-organizational MHS providers, ASO etc. **Service functions are listed in the CFRS system format chart (Appendix E).** These forms also determine aggregate SD/MC, Medicare/Medi-Cal Crossover Costs, Enhanced SD/MC Costs, Healthy Families Costs, Published Charges, SMA for SD/MC, and Negotiated Rate amounts for each mode of service. MH 1966 forms for Modes 45 and 60 are simplified from the other MH 1966 forms and determine non-Medi-Cal costs for each mode of service. MH 1966 for Mode 55 is also simplified from other MH 1966 forms and identifies the MAA costs for those participating in the MAA program.

MH 1966 automatically populates from MH 1901 Schedules A, AS, B, BS, and C. Separate MH 1966 forms are automatically populated for each mode of service.

Line 1 – Allocation Percentage

No entry. The allocation percentage is determined by taking the Total Allocated Cost for each service function from MH 1901 Schedule C divided by the Total Allocated Cost for the respective mode of the above service functions.

Line 2 – Total Units

No entry. This field is automatically populated from MH 1901 Schedule C, Column D.

Line 3 – Gross Cost

No entry. This field is automatically populated from MH 1901 Schedule C, Column I. The distribution of the amount on Line 3, Column A, to the appropriate service functions fills in automatically from MH 1901 Schedule C, starting in Column B.

Line 4 – Cost per Unit

No entry. Starting in Column B, Line 3 is automatically divided by Line 2 for each service function level.

Line 5 – SMA per Unit

No entry. Starting in Column B, this field is automatically populated from MH 1901 Schedule A or Schedule AS, Column C.

State of California Health and Human Services Agency		Department of Mental Health										Department of Mental Health			
DETAIL COST REPORT															
ALLOCATION OF COSTS TO SERVICE															
FUNCTIONS - MODE TOTAL															
MH 1966 (Rev. 5/08)															
County: 0															
County Code:															
Legal Entity: 0															
Local Entity Number:															
Mode: 05 - Hospital Inpatient Services (SFC 10-19)															
		A	B	C	D	E	F	G	H	I	J	K	L	M	N
		Mode Total	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function
1	Allocation Percentage														
2	Total Units														
3	Gross Cost														
4	Cost per Unit														
5	SMA per Unit														
6	Published Charge per Unit														
7	Negotiated Rate / Cost per Unit														
8	Medi-Cal Units	07/01/07 - 02/29/08													
8A		03/01/08 - 06/30/08													
9	Medicare/Medi-Cal Crossover Units	07/01/07 - 02/29/08													
9A		03/01/08 - 06/30/08													
10	Enhanced SD/MC (Children) Units	07/01/07 - 02/29/08													
10A		03/01/08 - 06/30/08													
10B	Enhanced SD/MC (Refugees) Units	07/01/07 - 06/30/08													
11	Healthy Families (SED) Units	07/01/07 - 02/29/08													
11A		03/01/08 - 06/30/08													
12	Non-Medi-Cal Units														
13	Medi-Cal Costs	07/01/07 - 02/29/08													
13A		03/01/08 - 06/30/08													
14	Medi-Cal SMA Upper Limits	07/01/07 - 02/29/08													
14A		03/01/08 - 06/30/08													
15	Medi-Cal Published Charges	07/01/07 - 02/29/08													
15A		03/01/08 - 06/30/08													
16	Medi-Cal Negotiated Rates	07/01/07 - 02/29/08													
16A		03/01/08 - 06/30/08													
17	Medicare/Medi-Cal Crossover Costs	07/01/07 - 02/29/08													
17A		03/01/08 - 06/30/08													
18	Medicare/Medi-Cal Crossover SMA Upper Limits	07/01/07 - 02/29/08													
18A		03/01/08 - 06/30/08													
19	Medicare/Medi-Cal Crossover Published Charges	07/01/07 - 02/29/08													
19A		03/01/08 - 06/30/08													
20	Medicare/Medi-Cal Crossover Negotiated Rates	07/01/07 - 02/29/08													
20A		03/01/08 - 06/30/08													
21	Enhanced SD/MC (Children) Costs	07/01/07 - 02/29/08													
21A		03/01/08 - 06/30/08													
22	Enhanced SD/MC (Children) SMA Upper Limits	07/01/07 - 02/29/08													
22A		03/01/08 - 06/30/08													
23	Enhanced SD/MC (Children) Published Charges	07/01/07 - 02/29/08													
23A		03/01/08 - 06/30/08													
24	Enhanced SD/MC (Children) Negotiated Rates	07/01/07 - 02/29/08													
24A		03/01/08 - 06/30/08													
25	Enhanced SD/MC (Refugees) Costs	07/01/07 - 06/30/08													
26	Enhanced SD/MC (Refugees) SMA Upper Limits	07/01/07 - 06/30/08													
27	Enhanced SD/MC (Refugees) Published Charges	07/01/07 - 06/30/08													
28	Enhanced SD/MC (Refugees) Negotiated Rates	07/01/07 - 06/30/08													
29	Healthy Families Costs	07/01/07 - 02/29/08													
29A		03/01/08 - 06/30/08													
30	Healthy Families SMA Upper Limits	07/01/07 - 02/29/08													
30A		03/01/08 - 06/30/08													
31	Healthy Families Published Charges	07/01/07 - 02/29/08													
31A		03/01/08 - 06/30/08													
32	Healthy Families Negotiated Rates	07/01/07 - 02/29/08													
32A		03/01/08 - 06/30/08													
33	Non-Medi-Cal Costs														

Line 6 – Published Charge per Unit

No entry. Starting in Column B, this field automatically populates from MH 1901 Schedule A, Column E. See MH 1901 Schedule A instruction for more information.

Line 7 – Negotiated Rate/Cost per Unit

No entry. If applicable, the rate negotiated between the local mental health agency, the legal entity and approved by the State (DMH) for each SD/MC service function fills in automatically from MH 1901 Schedule A or Schedule AS, Column D. If the legal entity has a mixture of service function categories with and without negotiated rates, this line will fill in with either the NR or the Cost per unit. This is to prevent the data from becoming skewed when these amounts are aggregated on MH 1968.

Line 8 – Medi-Cal Units**(July 1, 2007 – February 29, 2008)**

No entry. Starting in Column B, Medi-Cal units (from billing records) for each Medi-Cal service function fill in automatically from MH 1901 Schedule B, Column E. Do not include Medicare/Medi-Cal crossover or enhanced SD/MC units.

Line 8A – Medi-Cal Units**(March 1, 2008 – June 30, 2008)**

No entry. Starting in Column B, Medi-Cal units (from billing records) for each Medi-Cal service function fill in automatically from MH 1901 Schedule BS, Column F. Do not include Medicare/Medi-Cal Crossover or Enhanced SD/MC units.

Line 9 – Medicare/Medi-Cal Crossover Units**(July 1, 2007 – February 29, 2008)**

No entry. Starting in Column B, Medicare/Medi-Cal crossover units for each Medi-Cal service function fill in automatically from MH 1901 Schedule B, Column H.

Line 9A – Medicare/Medical Crossover Units**(March 1, 2008 – June 30, 2008)**

No entry. Starting in Column B, Medicare/Medi-Cal crossover units for each Medi-Cal service function fill in automatically from MH 1901 Schedule BS, Column I.

Line 10 – Enhanced SD/MC (Children) Units**(July 1, 2007 – February 29, 2008)**

No entry. Starting in Column B, Enhanced SD/MC (Children) units for each Medi-Cal service function fill in automatically from MH 1901 Schedule B, Column M for the period above.

Line 10A – Enhanced SD/MC (Children) Units**(March 1, 2008 – June 30, 2008)**

No entry. Starting in Column B, Enhanced SD/MC (Children) units for each Medi-Cal service function fill in automatically from MH 1901 Schedule BS, Column N for the period above.

Line 10B – Enhanced SD/MC (Refugees) Units**(July 1, 2007 – June 30, 2008)**

No entry. Starting in Column B, Enhanced SD/MC (Refugees) units for each Medi-Cal service function fill in automatically from MH 1901 Schedule B, Column P.

Line 11 – Healthy Families (SED) Units**(July 1, 2007 – February 29, 2008)**

No entry. Starting in Column B, Healthy Families units for each Healthy Families service function fill in automatically from MH 1901 Schedule B, Column R for the period above.

Line 11A – Healthy Families (SED) Units**(March 1, 2008 – June 30, 2008)**

No entry. Starting in Column B, Healthy Families units for each Healthy Families service function fill in automatically from MH 1901 Schedule B or Schedule BS, Column S for the period above.

Line 12 – Non-Medi-Cal Units

No entry. Starting in Column B, non-Medi-Cal units for each service function fill in automatically from MH 1901 Schedule B or Schedule BS, Column U.

Line 13 – Medi-Cal Costs**(July 1, 2007 – February 29, 2008)**

No entry. Starting in Column B, Line 4 is multiplied by Line 8 for each SD/MC service function. The products of all SD/MC service functions computed are summed up in Column A, Line 13.

Line 13A – Medi-Cal Costs**(March 1, 2008 – June 30, 2008)**

No entry. Starting in Column B, Line 4 is multiplied by Line 8A for each SD/MC service function. The products of all SD/MC service functions computed are summed up in Column A, Line 13A.

Line 14 – Medi-Cal SMA Upper Limits**(July 1, 2007 – February 29, 2008)**

No entry. Starting in Column B, Line 5 is multiplied by Line 8 for each SD/MC service function. The products of all SD/MC service functions computed are summed up automatically in Column A, Line 14.

Line 14A – Medi-Cal SMA Upper Limits**(March 1, 2008 – June 30, 2008)**

No entry. Starting in Column B, Line 5 is multiplied by Line 8A for each SD/MC service function. The products of all SD/MC service functions computed are summed up automatically in Column A, Line 14A.

Line 15 – Medi-Cal Published Charges**(July 1, 2007 – February 29, 2008)**

No entry. Starting in Column B, Line 6 is multiplied by Line 8 for each SD/MC service function. The products of total published charges computed for all service functions are summed up automatically on Column A, Line 15.

Line 15A – Medi-Cal Published Charges**(March 1, 2008 – June 30, 2008)**

No entry. Starting in Column B, Line 6 is multiplied by Line 8A for each SD/MC service function. The products of total published charges computed for all service functions are summed up automatically on Column A, Line 15A.

Line 16 – Medi-Cal Negotiated Rates**(July 1, 2007 – February 29, 2008)**

No entry. If applicable, starting in Column B, Line 7 is multiplied by Line 8 for each SD/MC service function. The products of all SD/MC service functions computed are summed up automatically in Column A, Line 16.

Line 16A – Medi-Cal Negotiated Rates**(March 1, 2008 – June 30, 2008)**

No entry. If applicable, starting in Column B, Line 7 is multiplied by Line 8A for each SD/MC service function. The products of all SD/MC service functions computed are summed up automatically in Column A, Line 16A.

Line 17 – Medicare/Medi-Cal Crossover Costs**(July 1, 2007 – February 29, 2008)**

No entry. If applicable, starting in Column B, Line 4 is multiplied by Line 9 for each SD/MC service function. The products of all SD/MC service functions computed are summed up automatically in Column A, Line 17.

Line 17A – Medicare/Medi-Cal Crossover Costs**(March 1, 2008 – June 30, 2008)**

No entry. If applicable, starting in Column B, Line 4 is multiplied by Line 9A for each SD/MC service function. The products of all SD/MC service functions computed are summed up automatically in Column A, Line 17A.

Line 18 – Medicare/Medi-Cal Crossover SMA Upper Limits**(July 1, 2007 – February 29, 2008)**

No entry. Starting in Column B, Line 5 is multiplied by Line 9 for each SD/MC service function. The products of all SD/MC service functions computed are summed up automatically in Column A, Line 18.

Line 18A – Medicare/Medi-Cal Crossover SMA Upper Limits**(March 1, 2008 – June 30, 2008)**

No entry. Starting in Column B, Line 5 is multiplied by Line 9A for each SD/MC service function. The products of all SD/MC service functions computed are summed up automatically in Column A, Line 18A.

**Line 19 – Medicare/Medi-Cal Crossover Published Charges
(July 1, 2007 – February 29, 2008)**

No entry. If applicable, starting in Column B, Line 6 is multiplied by Line 9 for each SD/MC service function. The products of total published charges for all service functions computed are summed up in Column A, Line 19.

**Line 19A – Medicare/Medi-Cal Crossover Published Charges
(March 1, 2008 – June 30, 2008)**

No entry. If applicable, starting in Column B, Line 6 is multiplied by Line 9A for each SD/MC service function. The products of total published charges for all service functions computed are summed up in Column A, Line 19A.

**Line 20 – Medicare/Medi-Cal Crossover Negotiated Rates
(July 1, 2007 – February 29, 2008)**

No entry. If applicable, starting in Column B, Line 7 is multiplied by Line 9 for each SD/MC service function. The products of all SD/MC service functions computed are summed up in Column A, Line 20.

**Line 20A – Medicare/Medi-Cal Crossover Negotiated Rates
(March 1, 2008 – June 30, 2008)**

No entry. If applicable, starting in Column B, Line 7 is multiplied by Line 9A for each SD/MC service function. The products of all SD/MC service functions computed are summed up in Column A, Line 20A.

**Line 21 – Enhanced SD/MC (Children) Costs
(July 1, 2007 – February 29, 2008)**

No entry. Starting in Column B, Line 4 is multiplied by Line 10 for each SD/MC service function. The products of all SD/MC service functions computed are summed up in Column A, Line 21.

**Line 21A – Enhanced SD/MC (Children) Costs
(March 1, 2008 – June 30, 2008)**

No entry. Starting in Column B, Line 4 is multiplied by Line 10A for each SD/MC service function. The products of all SD/MC service functions computed are summed up in Column A, Line 21A.

**Line 22 – Enhanced SD/MC (Children) SMA Upper Limits
(July 1, 2007 – February 29, 2008)**

No entry. Starting in Column B, Line 5 is multiplied by Line 10 by each SD/MC service function. The products of all SD/MC service functions computed are summed up in Column A, Line 22.

Line 22A – Enhanced SD/MC (Children) SMA Upper Limits**(March 1, 2008 – June 30, 2008)**

No entry. Starting in Column B, Line 5 is multiplied by Line 10A for each SD/MC service function. The products of all SD/MC service functions computed are summed up in Column A, Line 22A.

Line 23 – Enhanced SD/MC (Children) Published Charges**(July 1, 2007 – February 29, 2008)**

No entry. Starting in Column B, Line 6 is multiplied by Line 10 for each SD/MC service function. The products of all SD/MC service functions computed are summed up in Column A, Line 23.

Line 23A – Enhanced SD/MC (Children) Published Charges**(March 1, 2008 – June 30, 2008)**

No entry. Starting in Column B, Line 6 is multiplied by Line 10A for each SD/MC service function. The products of all SD/MC service functions computed are summed up in Column A, Line 23A.

Line 24 – Enhanced SD/MC (Children) Negotiated Rates**(July 1, 2007 – February 29, 2008)**

No entry. Starting in Column B, Line 7 is multiplied by Line 10 for each SD/MC service function. The products of all SD/MC service functions computed are summed up in Column A, Line 24.

Line 24A – Enhanced SD/MC (Children) Negotiated Rates**(March 1, 2008 – June 30, 2008)**

No entry. Starting in Column B, Line 7 is multiplied by Line 10A for each SD/MC service function. The products of all SD/MC service functions computed are summed up in Column A, Line 24A.

Line 25 – Enhanced SD/MC (Refugees) Costs**(July 1, 2007 – June 30, 2008)**

No entry. Starting in Column B, Line 4 is multiplied by Line 10B for each SD/MC service function. The products of all SD/MC service functions computed are summed up in Column A, Line 25.

Line 26 – Enhanced SD/MC (Refugees) SMA Upper Limits**(July 1, 2007 – June 30, 2008)**

No entry. Starting in Column B, Line 5 is multiplied by Line 10B for each SD/MC service function. The products of all SD/MC service functions computed are summed up in Column A, Line 26.

**Line 27 – Enhanced SD/MC (Refugees) Published Charges
(July 1, 2007 – June 30, 2008)**

No entry. Starting in Column B, Line 6 is multiplied by Line 10B for each SD/MC service function. The products of all SD/MC service functions computed are summed up in Column A, Line 27.

**Line 28 – Enhanced SD/MC (Refugees) Negotiated Rates
(July 1, 2007 – June 30, 2008)**

No entry. Starting in Column B, Line 7 is multiplied by Line 10B for each SD/MC service function. The products of all SD/MC service functions computed are summed up in Column A, Line 28.

**Line 29 – Healthy Families Costs
(July 1, 2007 – February 29, 2008)**

No entry. Starting in Column B, Line 4 is multiplied by Line 11 for each SD/MC service function. The products of all SD/MC service functions computed are summed up in Column A, Line 29.

**Line 29A – Healthy Families Costs
(March 1, 2008 – June 30, 2008)**

No entry. Starting in Column B, Line 4 is multiplied by Line 11A for each SD/MC service function. The products of all SD/MC service functions computed are summed up in Column A, Line 29A.

**Line 30 – Healthy Families SMA Upper Limits
(July 1, 2007 – February 29, 2008)**

No entry. Starting in Column B, Line 5 is multiplied by Line 11 for each SD/MC service function. The products of all SD/MC service functions computed are summed up in Column A, Line 30.

**Line 30A – Healthy Families SMA Upper Limits
(March 1, 2008 – June 30, 2008)**

No entry. Starting in Column B, Line 5 is multiplied by Line 11A for each SD/MC service function. The products of all SD/MC service functions computed are summed up in Column A, Line 30A.

**Line 31 – Healthy Families Published Charges
(July 1, 2007 – February 29, 2008)**

No entry. Starting in Column B, Line 6 is multiplied by Line 11 for each SD/MC service function. The products of all SD/MC service functions computed are summed up in Column A, Line 31.

Line 31A – Healthy Families Published Charges**(March 1, 2008 – June 30, 2008)**

No entry. Starting in Column B, Line 6 is multiplied by Line 11A for each SD/MC service function. The products of all SD/MC service functions computed are summed up in Column A, Line 31A.

Line 32 – Healthy Families Negotiated Rates**(July 1, 2007 – February 29, 2008)**

No entry. Starting in Column B, Line 7 is multiplied by Line 11 for each SD/MC service function. The products of all SD/MC service functions computed are summed up in Column A, Line 32.

Line 32A – Healthy Families Negotiated Rates**(March 1, 2008 – June 30, 2008)**

No entry. Starting in Column B, Line 7 is multiplied by Line 11A for each SD/MC service function. The products of all SD/MC service functions computed are summed up in Column A, Line 32A.

Line 33 – Non-Medi-Cal Costs

No entry. Starting in Column B, Line 3 minus the sum of Lines 13, 13A, 17, 17A, 21, 21A, 25, 29, and 29A is entered here. The amounts for all service functions are summed up in Column A, Line 33.

MH 1966 Mode 05, Service Function 19***Hospital Inpatient***

The SMA rate for this service function does not include Physician and Ancillary service costs. The intent of this procedure is to ensure that Physician and Ancillary costs related to these Hospital Administrative Days are included in the comparison of the costs, SMA, published charges, and negotiated rates (if applicable). Legal entities with hospital administrative days should complete MH 1991 for the purpose of grossing up the SMA to include Physician and Ancillary costs.

NOTE: You will need to complete the MH 1991 even if you do not have any Physician and Ancillary costs. The SMA costs are pulled directly from the MH 1991.

Upon Completion of Form MH 1991, MH 1966 for Mode 05, Service Function 19 fills in automatically from MH 1901 Schedules A, AS, B, BS, and C, and MH 1991:

Lines 1 through 5

No entry. These fields fill in automatically from MH 1901 Schedules B, BS, and C.

NOTE: Line 3 should include Physician and Ancillary costs related to patients on administrative day status (costs are limited to those claimable under Section 51511(c), Title 22 of the California Code of Regulations (CCR)).

Lines 6, 8, 8A, 13, and 13A

No entry. Lines 6, 8, and 8A fill in automatically from MH 1901 Schedule B, BS. Lines 13 and 13A automatically compute.

Line 7 – Negotiated Rate/Cost per unit

No entry. Mode 05, Service Function 19 has no negotiated rate. If the legal entity has a mixture of service function categories with and without negotiated rates, this line will fill in with either the negotiated rate or the cost per unit. This is done so that when these amounts are aggregated on MH 1968, the data are not skewed.

Lines 9, 9A and 17, 17A through 20, 20A

These lines do not apply to this service function and should be left blank. Administrative Days cannot have crossover units because Medicare will not pay for those beds.

Line 12 – Non-Medi-Cal Units

No entry. This field automatically populates from MH 1901 Schedule B.

Line 13/13A – Medi-Cal Costs

No entry. This field computes Line 4 multiplied by Line 8 (Line 8A).

Line 14/14A – Medi-Cal SMA Upper Limits

No entry. These fields include Physician and Ancillary costs. It computes automatically by referencing MH 1991, Column I (Physician costs + Ancillary costs).

Line 15/15A – Medi-Cal Published Charges

No entry. These fields automatically compute. The fields are the products of multiplying Line 6 by Line 8 (Line 8A). The published charge should include Physician and Ancillary costs.

Line 16/16A – Medi-Cal Negotiated Rates

No entry. Mode 05, Service Function 19 cannot have a negotiated rate, but if the Legal Entity has a mixture of service function categories with and without negotiated rates, this line will fill in the lower of Costs, SMA with Physician and Ancillary Costs or Charges. This is done so that when these amounts are aggregated on the MH 1968, the data are not skewed.

Line 22/22A – Enhanced SD/MC (Children) SMA Upper Limits

No entry. Line 5 is multiplied by Line 10/10A for each Mode 05, Service Function 19 entry. In addition, the Physician and Ancillary costs identified in MH 1991 for the specific time period and settlement group (Children EMC) are added to amounts that are automatically entered here.

Line 26 – Enhanced SD/MC (Refugees) SMA Upper Limits

No entry. Line 5 is multiplied by Line 10B for each Mode 05, Service Function 19 entry. In addition, the Physician and Ancillary costs identified in MH 1991 for the specific time period and settlement group (Refugees EMC) are added to amounts that are automatically entered here.

Line 30/30A – Healthy Families (SED) SMA Upper Limits

No entry. Line 5 is multiplied by Line 11/11A for each Mode 05, Service Function 19 entry. In addition, Physician and Ancillary costs identified in MH 1991 for the specific time period and settlement group (Healthy Families) are added to amounts that are automatically entered here.

Line 33 – Non-Medi-Cal Costs

No entry. Line 3 minus the sum of Lines 13, 13A, 21, 21A, 25, 29, and 29A is automatically entered here.

MH 1966 Modes 45 and 60

Outreach and Support

MH 1966 for Mode 45 (Outreach) and Mode 60 (Support) services, are non-Medi-Cal reimbursable. For these modes, the format consists of only six lines. MH 1966 for Modes 45 and 60, automatically populates from MH 1901 Schedules A, AS, B, BS, and C.

Lines 1 through 3

No entry. These fields fill in automatically from MH 1901 Schedules B and C.

Line 4 – Cost per Unit

No entry. Starting from Column B, Line 3 is divided by Line 2 for each service function level.

Line 5 – Non-Medi-Cal Units

No entry. Starting from Column B, non-Medi-Cal units for each service function fills in from Line 2.

Line 6

No entry. Starting from Column B, non-Medi-Cal costs for each service function fills in from Line 3.

State of California Health and Human Services Agency		Department of Mental Health						
DETAIL COST REPORT								
ALLOCATION OF COSTS TO SERVICE								
FUNCTIONS - MODE TOTAL								
MH 1966 (Rev. 5/08)								
PAGE 1 OF 1								
FISCAL YEAR 2007 - 2008								
County: 0								
County Code:								
Legal Entity: 0		A	B	C	D	E	F	G
Legal Entity Number:		Mode Total	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function
Mode: 45 - Outreach Services								
1	Allocation Percentage							
2	Total Units							
3	Gross Cost							
4	Cost per Unit							
5	Non-Medi-Cal Units							
6	Non-Medi-Cal Costs							

MH 1966 Mode 55**Medi-Cal Administrative Activities (MAA)**

MH 1966 for Mode 55 is for Medi-Cal Administrative Activities (MAA) and consists of five lines. MH 1966 for Mode 55 automatically populates from MH 1901 Schedules A, AS, B, BS, and C. Legal entities must have an approved MAA plan with DMH in order to report Mode 55.

Lines 1 through 3

No entry. These fields fill in automatically from MH 1901 Schedules B, BS, and C.

Line 4 – Cost per Unit

No entry. Starting from Column B, Line 3 is divided by Line 2 for each service function level.

Line 5 – Non-Medi-Cal Units

No entry. Starting from Column B, non-Medi-Cal units for each service function fills in by taking Line 3, Column A of this form and subtracting MH 1968, Line 35, Column D.

State of California Health and Human Services Agency		Department of Mental Health						
DETAIL COST REPORT								
ALLOCATION OF COSTS TO SERVICE								
FUNCTIONS - MODE TOTAL								
MH 1966 (Rev. 5/08)								
PAGE 1 OF 1								
FISCAL YEAR 2007 - 2008								
County: 0								
County Code:								
Legal Entity: 0		A	B	C	D	E	F	G
Legal Entity Number:		Mode Total	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function
Mode: 55 - Medi-Cal Administrative Activities								
1	Allocation Percentage							
2	Total Units							
3	Total Expenditures							
4	Cost per Unit							
5	Non-Medi-Cal Costs							

MH 1968***Determination of SD/MC Direct Services and MAA Reimbursement***

The purpose of MH 1968 is to determine the net SD/MC and Healthy Families direct service reimbursement (FFP and State Match) for inpatient and outpatient services as well as MAA reimbursement. MAA service function expenditures are combined on the MH 1968.

Nominal Fee Provider

Determination of Nominal Fee status is the first step in the cost report settlement process, before application of reimbursement limit (42 CFR 413.13). Legal entities with a significant portion of low-income patients will be required to complete an optional form MH 1969 Nominal Fee Provider Determination prior to completion of MH 1968. Nominal fee providers' reimbursement is limited to the lower of Actual Cost or SMA.

Determination of Cost Settlement Process

Cost settlement process is based on the application of the Lower of Cost or Charges (LCC) cost reimbursement principles. Pursuant to cost reimbursement rules, the application of LCC will be based on the aggregate cost of all outpatient services. Healthy Families follows SD/MC settlement technique and process.

Column K – Total Outpatient

No entry. This column sums Column I – Total Outpatient excluding Program 2 and Column J (Mode 15, Program 2).

Line 1 – Medi-Cal Costs**(July 1, 2007 – February 29, 2008)**

No entry. The total cost of providing services to regular (excludes enhanced and Medicare crossovers) Medi-Cal patients for each mode of service in Columns E through H and J fills in automatically from Column A, Line 13 of MH 1966 for the applicable modes. Note that costs reported on Line 1 are for services provided to Medi-Cal patients only and are not gross costs from Line 3 of MH 1966. The sum of Columns F through H calculates automatically in Column I, Line 1 and represents the total outpatient Medi-Cal Costs for Program 1.

Line 1A – Medi-Cal Costs**(March 1, 2008 – June 30, 2008)**

No entry. The total cost of providing services to regular (excludes enhanced and Medicare crossovers) Medi-Cal patients for each mode of service in Columns E through H and J fills in automatically from Column A, Line 13A of MH 1966 for the applicable modes. Note that costs reported in Line 1A are for services provided to Medi-Cal patients only and are not gross costs from Line 3 of MH 1966. The sum of Columns F through H calculates automatically in Column I, Line 1A and represents the total outpatient Medi-Cal Costs for Program 1.

Line 2 – Medi-Cal SMA Upper Limits**(July 1, 2007 – February 29, 2008)**

No entry. Medi-Cal SMA Upper Limits for each mode of service in Columns E through H and J fills in automatically from Column A, Line 14 of MH 1966 for applicable modes. The sum of Columns F through H calculates automatically in Column I, Line 2.

Line 2A – Medi-Cal SMA Upper Limits**(March 1, 2008 – June 30, 2008)**

No entry. Medi-Cal SMA Upper Limits for each mode of service in Columns E through H and J fills in automatically from Column A, Line 14A of MH 1966 for applicable modes. The sum of Columns F through H calculates automatically in Column I, Line 2A.

Line 3 – Medi-Cal Published Charges**(July 1, 2007 – February 29, 2008)**

No entry. Medi-Cal Published Charges for each mode of service in Columns E through H and J fills in automatically from Column A, Line 15 of MH 1966 for applicable modes. The sum of Columns F through H calculates automatically in Column I, Line 3.

Line 3A – Medi-Cal Published Charges**(March 1, 2008 – June 30, 2008)**

No entry. Medi-Cal Published Charges for each mode of service in Columns E through H and J fills in automatically from Column A, Line 15A of MH 1966 for applicable modes. The sum of Columns F through H calculates automatically in Column I, Line 3A.

Line 4 – Medi-Cal Negotiated Rates**(July 1, 2007 – February 29, 2008)**

If applicable, Medi-Cal Negotiated Rates for each mode of service in Columns E through H and J fills in automatically from Column A, Line 16 of MH 1966 for applicable modes. The sum of Columns F through H calculates automatically in Column I, Line 4.

State of California Health and Human Services Agency			Department of Mental Health									
DETAIL COST REPORT												
DETERMINATION OF SD/MC DIRECT SERVICES AND MAA REIMBURSEMENT												
MH 1968 (Rev. 5/08)												
FISCAL YEAR 2007 - 2008												
County: 0 County Code:			REIMBURSEMENT TYPE				PC		PC		Costs	
Legal Entity: 0			A	B	C	D	E	F	G	H	I	K
Legal Entity Number:			Mode 55			Total Inpatient	Mode 05 Hospital Inpatient Services			Total Outpatient Exclude Program (2)		Total Outpatient (Col. I + Col. J)
			S. F.'s 01-09	S. F.'s 11-19, 31-39	S. F.'s 21-29	Mode 05 Hospital Inpatient Services	Mode 05 Other 24 Hour Services	Mode 10 Day Services	Mode 15 Outpatient Services Program (1)	Mode 15 Outpatient Services Program (2)		
1	Medi-Cal Costs	07/01/07 - 02/29/08										
1A		03/01/08 - 06/30/08										
2	Medi-Cal SMA	07/01/07 - 02/29/08										
2A		03/01/08 - 06/30/08										
3	Medi-Cal P. C.	07/01/07 - 02/29/08										
3A		03/01/08 - 06/30/08										
4	Medi-Cal N. R.	07/01/07 - 02/29/08										
4A		03/01/08 - 06/30/08										
5	Medi-Cal Gross Reimbursement	07/01/07 - 02/29/08										
5A		03/01/08 - 06/30/08										
6	Medicare/Medi-Cal Crossover Cost	07/01/07 - 02/29/08										
6A		03/01/08 - 06/30/08										
7	Medicare/Medi-Cal Crossover SMA	07/01/07 - 02/29/08										
7A		03/01/08 - 06/30/08										
8	Medicare/Medi-Cal Crossover P. C.	07/01/07 - 02/29/08										
8A		03/01/08 - 06/30/08										
9	Medicare/Medi-Cal Crossover N. R.	07/01/07 - 02/29/08										
9A		03/01/08 - 06/30/08										
10	Medicare/Medi-Cal Crossover Gross Reim.	07/01/07 - 02/29/08										
10A		03/01/08 - 06/30/08										
11	Total SD/MC + Crossover Gross Reim.	07/01/07 - 02/29/08										
11A		03/01/08 - 06/30/08										
12	Enhanced SD/MC (Children) Cost	07/01/07 - 02/29/08										
12A		03/01/08 - 06/30/08										
13	Enhanced SD/MC (Children) SMA	07/01/07 - 02/29/08										
13A		03/01/08 - 06/30/08										
14	Enhanced SD/MC (Children) P. C.	07/01/07 - 02/29/08										
14A		03/01/08 - 06/30/08										
15	Enhanced SD/MC (Children) N. R.	07/01/07 - 02/29/08										
15A		03/01/08 - 06/30/08										
16	Enhanced SD/MC (Children) Gross Reim.	07/01/07 - 02/29/08										
16A		03/01/08 - 06/30/08										
17	Enhanced SD/MC (Refugees) Cost	07/01/07 - 06/30/08										
18	Enhanced SD/MC (Refugees) SMA	07/01/07 - 06/30/08										
19	Enhanced SD/MC (Refugees) P. C.	07/01/07 - 06/30/08										
20	Enhanced SD/MC (Refugees) N. R.	07/01/07 - 06/30/08										
21	Total Medi-Cal Gross Reimbursement	07/01/07 - 02/29/08										
21A	(Excludes Refugees)	03/01/08 - 06/30/08										
22	Enhanced SD/MC (Refugees) Gross Reim.	07/01/07 - 06/30/08										
23	Healthy Families Cost	07/01/07 - 02/29/08										
23A		03/01/08 - 06/30/08										
24	Healthy Families SMA	07/01/07 - 02/29/08										
24A		03/01/08 - 06/30/08										
25	Healthy Families P. C.	07/01/07 - 02/29/08										
25A		03/01/08 - 06/30/08										
26	Healthy Families N. R.	07/01/07 - 02/29/08										
26A		03/01/08 - 06/30/08										
27	Healthy Families Gross Reim.	07/01/07 - 02/29/08										
27A		03/01/08 - 06/30/08										
28	Less: Patient and Other Payor Revenue											
28A	SD/MC + Crossover Revenue	07/01/07 - 02/29/08										
28A		03/01/08 - 06/30/08										
29	Enhanced SD/MC (Children) Revenue											
30	Enhanced SD/MC (Refugees) Revenue											
31	Healthy Families Revenue											
32	Total Expenditures from MAA (Mode 55)											
33	Medi-Cal Eligibility Factor (Average)											
34	Revenue - MAA											
35	Net Due - SD/MC for Direct Services	07/01/07 - 02/29/08										
35A		03/01/08 - 06/30/08										
36	Net Due - Enhanced SD/MC (Refugees)											
37	Net Due - Healthy Families	07/01/07 - 02/29/08										
37A		03/01/08 - 06/30/08										
38	Amount Negotiated Rates Exceed Costs											
38A	SD/MC (Includes Children)	07/01/07 - 02/29/08										
38A		03/01/08 - 06/30/08										
39	Enhanced SD/MC (Refugees)											
40	Healthy Families	07/01/07 - 02/29/08										
40A		03/01/08 - 06/30/08										

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Line 4A – Medi-Cal Negotiated Rates**(March 1, 2008 – June 30, 2008)**

If applicable, Medi-Cal Negotiated Rates for each mode of service in Columns E through H and J fills in automatically from Column A, Line 16A of MH 1966 for applicable modes. The sum of Columns F through H calculates automatically in Column I, Line 4A.

Line 5 – Medi-Cal Gross Reimbursement**(July 1, 2007 – February 29, 2008)**

Legal entities fall into one of four categories based on type of reimbursement system and qualification as nominal fee providers. Table 1 represents the four categories of legal entities and lines from MH 1968 that should be compared. Automatically, the lowest amount from lines being compared is selected and entered on this line. Inpatient reimbursement and Outpatient reimbursement methods are determined independently in Columns E and I. Column J consists of Program 2 costs that are to be reimbursed to the county at actual cost as long as the aggregate cost per unit of service is below the SMA. Column J for this line is automatically computed by taking the lower of the Cost line or the SMA line (see Table 2).

Line 5A – Medi-Cal Gross Reimbursement**(March 1, 2008 – June 30, 2008)**

Legal entities fall into one of four categories based on type of reimbursement system and qualification as nominal fee providers. Table 1 represents the four categories of legal entities and lines from MH 1968 that should be compared. Automatically, the lowest amount from lines being compared is selected and entered on this line. Inpatient reimbursement and Outpatient reimbursement methods are determined independently in Columns E and I. Column J consists of Program 2 costs that are to be reimbursed to the county at actual cost as long as the aggregate cost per unit of service is below the SMA. Column J for this line is automatically computed by taking the lower of the Cost line or the SMA line (see Table 2).

Table 1
Lines for Comparison

Legal Entity Classifications	Reimbursement Method	Lowest of Lines
<i>Cost-Based Reimbursement</i>		
1. Nominal Fee Provider	Cost	1 + 1A + 6 + 6A + 12 + 12A + 17
	- or -	- or -
	SMA	2 + 2A + 7 + 7A + 13 + 13A + 18
2. Not A Nominal Fee Provider	Cost	1 + 1A + 6 + 6A + 12 + 12A + 17
	- or -	- or -
	SMA	2 + 2A + 7 + 7A + 13 + 13A + 18
	- or -	- or -
	Published Charges	3 + 3A + 8 + 8A + 14 + 14A + 19
<i>Negotiated Rate Reimbursement</i>		
3. Nominal Fee Provider	SMA	2 + 2A + 7 + 7A + 13 + 13A + 18
	- or -	- or -
	Negotiated Rates	4 + 4A + 9 + 9A + 15 + 15A + 20
4. Not a Nominal Fee Provider	SMA	2 + 2A + 7 + 7A + 13 + 13A + 18
	- or -	- or -
	Published Charges	3 + 3A + 8 + 8A + 14 + 14A + 19
	- or -	- or -
	Negotiated Rates	4 + 4A + 9 + 9A + 15 + 15A + 20

Line 6 – Medicare/Medi-Cal Crossover Costs**(July 1, 2007 – February 29, 2008)**

No entry. The total cost of providing services to Medicare/Medi-Cal crossover patients for each mode of service in Columns E through H and J fills in automatically from Column A, Line 17 of MH 1966 for applicable modes. The sum of Columns F through H is automatically calculated in Column I, Line 6.

Line 6A – Medicare/Medi-Cal Crossover Costs**(March 1, 2008 – June 30, 2008)**

No entry. The total cost of providing services to Medicare/Medi-Cal crossover patients for each mode of service in Columns E through H and J fills in automatically from Column A, Line 17A of MH 1966 for applicable modes. The sum of Columns F through H is automatically calculated in Column I, Line 6A.

Line 7 – Medicare/Medi-Cal Crossover SMA**(July 1, 2007 – February 29, 2008)**

No entry. Medi-Cal SMA Upper Limit amounts for Medicare/Medi-Cal crossover patients for each mode of service in Columns E through H and J fills in automatically from Column A, Line 18 of MH 1966 for applicable modes. The sum of Columns F through H is automatically calculated in Column I, Line 7.

Line 7A – Medicare/Medi-Cal Crossover SMA**(March 1, 2008 – June 30, 2008)**

No entry. Medi-Cal SMA Upper Limit amounts for Medicare/Medi-Cal crossover patients for each mode of service in Columns E through H and J fills in automatically from Column A, Line 18A of MH 1966 for applicable modes. The sum of Columns F through H is automatically calculated in Column I, Line 7A.

Line 8 – Medicare/Medi-Cal Crossover Published Charges**(July 1, 2007 – February 29, 2008)**

No entry. Medicare/Medi-Cal crossover published charge amounts for each mode of service in Columns E through H fills in automatically from Column A, Line 19 of MH 1966 for applicable modes. The sum of Columns F through H is automatically calculated in Column I, Line 8.

Line 8A – Medicare/Medi-Cal Crossover Published Charges**(March 1, 2008 – June 30, 2008)**

No entry. Medicare/Medi-Cal crossover published charge amounts for each mode of service in Columns E through H fills in automatically from Column A, Line 19A of MH 1966 for applicable modes. The sum of Columns F through H is automatically calculated in Column I, Line 8A.

**Line 9 – Medicare/Medi-Cal Crossover Negotiated Rates
(July 1, 2007 – February 29, 2008)**

No entry. If applicable, Medi-Cal Negotiated Rate amounts for Medicare/Medi-Cal crossover patients for each mode of service in Columns E through H fills in automatically from Column A, Line 20 of MH 1966 for applicable modes. The sum of Columns F through H is automatically calculated in Column I, Line 9.

**Line 9A – Medicare/Medi-Cal Crossover Negotiated Rates
(March 1, 2008 – June 30, 2008)**

No entry. If applicable, Medi-Cal Negotiated Rate amounts for Medicare/Medi-Cal crossover patients for each mode of service in Columns E through H fills in automatically from Column A, Line 20A of MH 1966 for applicable modes. The sum of Columns F through H is automatically calculated in Column I, Line 9A.

**Line 10 – Medicare/Medi-Cal Crossover Gross Reimbursement
(July 1, 2007 – February 29, 2008)**

No entry. Automatically, the lowest amount from lines (in Table 1) being compared is selected and entered on this line. Inpatient reimbursement and Outpatient reimbursement methods are determined independently in Columns E and I. Column J is automatically computed by taking the lower of the cost line or the SMA line (see Table 2).

**Line 10A – Medicare/Medi-Cal Crossover Gross Reimbursement
(March 1, 2008 – June 30, 2008)**

No entry. Automatically, the lowest amount from lines (in Table 1) being compared is selected and entered on this line. Inpatient reimbursement and Outpatient reimbursement methods are determined independently in Columns E and I. Column J is automatically computed by taking the lower of the cost line or the SMA line (see Table 2).

Table 2
Lines for Comparison
For Outpatient Program 2 Only

Legal Entity Classifications	Reimbursement Method	Lowest of Lines
All Program 2	Cost	1 + 1A + 6 + 6A + 12 + 12A + 17
	- or -	- or -
	SMA	2 + 2A + 7 + 7A + 13 + 13A + 18

Line 11 – Total SD/MC + Crossover Gross Reimbursement
(July 1, 2007 – February 29, 2008)

No entry. Automatically fills in the sum of Lines 5 and 10 in Columns E through K.

Line 11A – Total SD/MC + Crossover Gross Reimbursement
(March 1, 2008 – June 30, 2008)

No entry. Automatically fills in the sum of Lines 5A and 10A in Columns E through K.

Line 12 – Enhanced SD/MC (Children) Cost
(July 1, 2007 – February 29, 2008)

No entry. The total cost of providing services to Enhanced SD/MC (Children) services for each mode of service in Columns E through H and J fills in automatically from Column A, Line 21 of MH 1966 for the applicable modes. The sum of Columns F through H calculates automatically in Column I, Line 21 and represents the total outpatient Medi-Cal Costs for Program 1.

Line 12A – Enhanced SD/MC (Children) Cost
(March 1, 2008 – June 30, 2008)

No entry. The total cost of providing services to Enhanced SD/MC (Children) services for each mode of service in Columns E through H and J fills in automatically from Column A, Line 21A of MH 1966 for the applicable modes. The sum of Columns F through H calculates automatically in Column I, Line 21A and represents the total outpatient Medi-Cal Costs for Program 1.

**Line 13 – Enhanced SD/MC (Children) SMA
(July 1, 2007 – February 29, 2008)**

No entry. The total SMA Upper Limit cost of providing services to Enhanced SD/MC (Children) services for each mode of service in Columns E through H and J fills in automatically from Column A, Line 22 of MH 1966 for the applicable modes. The sum of Columns F through H calculates automatically in Column I, Line 13 and represents the total outpatient Medi-Cal Costs for Program 1.

**Line 13A – Enhanced SD/MC (Children) SMA
(March 1, 2008 – June 30, 2008)**

No entry. The total SMA Upper Limit cost of providing services to Enhanced SD/MC (Children) services for each mode of service in Columns E through H and J fills in automatically from Column A, Line 22A of MH 1966 for the applicable modes. The sum of Columns F through H calculates automatically in Column I, Line 13A and represents the total outpatient Medi-Cal Costs for Program 1.

**Line 14 – Enhanced SD/MC (Children) Published Charges
(July 1, 2007 – February 29, 2008)**

No entry. The total published charge cost of providing services to Enhanced SD/MC (Children) services for each mode of service in Columns E through H and J fills in automatically from Column A, Line 23 of MH 1966 for the applicable modes. The sum of Columns F through H calculates automatically in Column I, Line 14 and represents the total outpatient Medi-Cal Costs for Program 1.

**Line 14A – Enhanced SD/MC (Children) Published Charges
(March 1, 2008 – June 30, 2008)**

No entry. The total published charge cost of providing services to Enhanced SD/MC (Children) services for each mode of service in Columns E through H and J fills in automatically from Column A, Line 23A of MH 1966 for the applicable modes. The sum of Columns F through H calculates automatically in Column I, Line 14A and represents the total outpatient Medi-Cal Costs for Program 1.

**Line 15 – Enhanced SD/MC (Children) Negotiated Rate
(July 1, 2007 – February 29, 2008)**

No entry. The total negotiated rate cost of providing services to Enhanced SD/MC (Children) services for each mode of service in Columns E through H and J fills in automatically from Column A, Line 24 of MH 1966 for the applicable modes. The sum of Columns F through H calculates automatically in Column I, Line 15 and represents the total outpatient Medi-Cal Costs for Program 1.

**Line 15A – Enhanced SD/MC (Children) Negotiated Rate
(March 1, 2008 – June 30, 2008)**

No entry. The total negotiated rate cost of providing services to Enhanced SD/MC (Children) services for each mode of service in Columns E through H, and J automatically populates Column A, Line 24A of MH 1966 for the applicable modes. The sum of Columns F through H calculates automatically in Column I, Line 15A and represents the total outpatient Medi-Cal Costs for Program 1.

**Line 16 – Enhanced SD/MC (Children) Gross Reimbursement
(July 1, 2007 – February 29, 2008)**

No entry. Automatically, the lowest amount from lines (in Table 1) being compared is selected and entered on this line. Inpatient reimbursement and Outpatient reimbursement methods are determined independently in Columns E through I. Column J is automatically computed by taking the lower of the cost line or the SMA line (see Table 2).

**Line 16A – Enhanced SD/MC (Children) Gross Reimbursement
(March 1, 2008 – June 30, 2008)**

No entry. Automatically, the lowest amount from lines (in Table 1) being compared is selected and entered on this line. Inpatient reimbursement and Outpatient reimbursement methods are determined independently in Columns E through I. Column J is automatically computed by taking the lower of the cost line or the SMA line (see Table 2).

**Line 17 – Enhanced SD/MC (Refugees) Cost
(July 1, 2007 – June 30, 2008)**

No entry. The total cost of providing services to Enhanced SD/MC (Refugees) services for each mode of service in Columns E through H and J fills in automatically from Column A, Line 25 of MH 1966 for the applicable modes. The sum of Columns F through H calculates automatically in Column I, Line 17 and represents the total outpatient Medi-Cal Costs for Program 1.

**Line 18 – Enhanced SD/MC (Refugees) SMA
(July 1, 2007 – June 30, 2008)**

No entry. The total SMA cost of providing services to Enhanced SD/MC (Refugees) services for each mode of service in Columns E through H and J fills in automatically from Column A, Line 26 of MH 1966 for the applicable modes. The sum of Columns F through H calculates automatically in Column I, Line 18 and represents the total outpatient Medi-Cal Costs for Program 1.

**Line 19 – Enhanced SD/MC (Refugees) Published Charge
(July 1, 2007 – June 30, 2008)**

No entry. The total published charge cost of providing services to Enhanced SD/MC (Refugees) services for each mode of service in Columns E through H, and J fills in automatically from Column A, Line 27 of MH 1966 for the applicable modes. The sum of Columns F through H calculates automatically in Column I, Line 19 and represents the total outpatient Medi-Cal Costs for Program 1.

**Line 20 – Enhanced SD/MC (Refugees) Negotiated Rate
(July 1, 2007 – June 30, 2008)**

No entry. The total negotiated rate cost of providing services to Enhanced SD/MC (Refugees) services for each mode of service in Columns E through H and J fills in automatically from Column A, Line 28 of MH 1966 for the applicable modes. The sum of Columns F through H calculates automatically in Column I, Line 20 and represents the total outpatient Medi-Cal Costs for Program 1.

**Line 21 – Total Medi-Cal Gross Reimbursement (excludes Enhanced SD/MC
Refugees)****(July 1, 2007 – February 29, 2008)**

No entry. This is automatically calculated as the sum of Lines 11 and 16. The total Medi-Cal Gross Reimbursement for SD/MC (Refugees) is accounted for in Line 22 (see below).

**Line 21A – Total Medi-Cal Gross Reimbursement (excludes Enhanced SD/MC
Refugees)****(March 1, 2008 – June 30, 2008)**

No entry. This is automatically calculated as the sum of Lines 11A and 16A. The total Medi-Cal Gross Reimbursement for SD/MC (Refugees) is accounted for in Line 22 (see below).

**Line 22 – Enhanced SD/MC (Refugees) Gross Reimbursement
(July 1, 2007 – June 30, 2008)**

No entry. Automatically, the lowest amount from lines (in Table 1) being compared is selected and entered on this line. Inpatient reimbursement and Outpatient reimbursement methods are determined independently in Columns E and I. Column J is automatically computed by taking the lower of the cost line or the SMA line (see Table 2).

**Line 23 – Healthy Families Cost
(July 1, 2007 – February 29, 2008)**

No entry. The total cost of providing services to Healthy Families for each mode of service in Columns E through H and J fills in automatically from Column A, Line 29 of MH 1966 for the applicable modes. The sum of Columns F through H calculates automatically in Column I, Line 23 and represents the total outpatient Healthy Families Costs for Program 1.

**Line 23A – Healthy Families Cost
(March 1, 2008 – June 30, 2008)**

No entry. The total cost of providing services to Healthy Families for each mode of service in Columns E through H, and J fills in automatically from Column A, Line 29A of MH 1966 for the applicable modes. The sum of Columns F through H calculates automatically in Column I, Line 23A and represents the total outpatient Healthy Families Costs for Program 1.

**Line 24 – Healthy Families SMA
(July 1, 2007 – February 29, 2008)**

No entry. The total SMA cost of providing services to Healthy Families for each mode of service in Columns E through H and J fills in automatically from Column A, Line 30 of MH 1966 for the applicable modes. The sum of Columns F through H calculates automatically in Column I, Line 24 and represents the total outpatient Healthy Families Costs for Program 1.

**Line 24A – Healthy Families SMA
(March 1, 2008 – June 30, 2008)**

No entry. The total SMA cost of providing services to Healthy Families for each mode of service in Columns E through H and J fills in automatically from Column A, Line 30A of MH 1966 for the applicable modes. The sum of Columns F through H calculates automatically in Column I, Line 24A and represents the total outpatient Healthy Families Costs for Program 1.

**Line 25 – Healthy Families Published Charge
(July 1, 2007 – February 29, 2008)**

No entry. The total published charge cost of providing services to Healthy Families for each mode of service in Columns E through H and J fills in automatically from Column A, Line 31 of MH 1966 for the applicable modes. The sum of Columns F through H calculates automatically in Column I, Line 25 and represents the total outpatient Healthy Families Costs for Program 1.

Line 25A – Healthy Families Published Charge**(March 1, 2008 – June 30, 2008)**

No entry. The total published charge cost of providing services to Healthy Families for each mode of service in Columns E through H and J fills in automatically from Column A, Line 31A of MH 1966 for the applicable modes. The sum of Columns F through H calculates automatically in Column I, Line 25A and represents the total outpatient Healthy Families Costs for Program 1.

Line 26 – Healthy Families Negotiated Rate**(July 1, 2007 – February 29, 2008)**

No entry. The total negotiated rate cost of providing services to Healthy Families for each mode of service in Columns E through H and J fills in automatically from Column A, Line 32 of MH 1966 for the applicable modes. The sum of Columns F through H calculates automatically in Column I, Line 26 and represents the total outpatient Healthy Families Costs for Program 1.

Line 26A – Healthy Families Negotiated Rate**(March 1, 2008 – June 30, 2008)**

No entry. The total negotiated rate cost of providing services to Healthy Families for each mode of service in Columns E through H and J fills in automatically from Column A, Line 32A of MH 1966 for the applicable modes. The sum of Columns F through H calculates automatically in Column I, Line 26A and represents the total outpatient Healthy Families Costs for Program 1.

Line 27 – Healthy Families Gross Reimbursement**(July 1, 2007 – February 29, 2008)**

No entry. Automatically, the reimbursement method selected by comparing the lowest amount from lines in Tables 1 and 2 for all SD/MC costs is utilized to apply the same methodology to determine Healthy Families Gross Reimbursement. Inpatient reimbursement and Outpatient reimbursement methods are determined independently in Columns E and I. Column J is automatically computed by taking the lower of the cost line or the SMA line (see Table 2).

Line 27A – Healthy Families Gross Reimbursement**(March 1, 2008 – June 30, 2008)**

No entry. Automatically, the reimbursement method selected by comparing the lowest amount from lines in Tables 1 and 2 for all SD/MC costs is utilized to apply the same methodology to determine Healthy Families Gross Reimbursement. Inpatient reimbursement and Outpatient reimbursement are determined independently in Columns E and I. Column J is automatically computed by taking the lower of the cost line or the SMA line (see Table 2).

**Line 28 – Less: Patient and Other Payor Revenues
(July 1, 2007 – February 29, 2008)**

No entry. Revenue such as patient fees for Medi-Cal share of costs, patient insurance, Medicare, and other revenues received on behalf of Medi-Cal clients in providing Medi-Cal units reported on MH 1966 automatically populate from MH 1901 Schedule B, Columns K and L. This does not include realignment funding. Revenues should be reported on an accrual basis and should be identified as directly as possible to service function or mode level. If revenues cannot be directly identified, use a reasonable method to allocate revenues between inpatient and outpatient services.

Medicare revenues include revenues for services provided during this cost report fiscal year. Prior year Medicare revenues should not be included in the cost report.

**Line 28A – Less: Patient and Other Payor Revenues
(March 1, 2008 – June 30, 2008)**

No entry. The amounts are automatically populated from MH 1901 Schedule B, Column L. See Line 28 for more information.

Line 29 – Enhanced SD/MC (Children) Patient Revenue

No entry. The amounts are automatically populated from MH 1901 Schedule B, Column O. See Line 28 for more information.

Line 30 – Enhanced SD/MC (Refugees) Patient Revenue

No entry. The amounts are automatically populated from MH 1901 Schedule B, Column Q. See Line 28 for more information.

Line 31 – Healthy Families Patient Revenue

No entry. Healthy Families client fees, or other sources for providing services to Healthy Families clients, are automatically populated from MH 1901 Schedule B, Column T. See Line 28 for more information.

Line 32 – Total Expenditures from MAA (Mode 55)

No entry. Total Expenditures identified in MH 1966, Mode 55, Line 3 for Service Functions 1 through 9 in Column A; Service Functions 11 through 19 and 31 through 39 in Column B; and Service Functions 21 through 29 in Column C automatically populate these fields. The sum of Columns A, B and C automatically calculates in Column D.

Line 33 – Medi-Cal Eligibility Factor (Average)

No entry. County Medi-Cal eligibility factor (percentage) cell references MH 1901 Schedule A, Column E, Line 35.

Line 34 – Revenue – MAA

No entry. Does not apply.

Line 35 – Net Due SD/MC for Direct Services

(July 1, 2007 – February 29, 2008)

No entry. Column A automatically populates the amount from Line 32.

Columns B and C are filled by the result of product of Lines 32 and 33. The sum of Columns A, B and C, Line 35, is automatically populated in Column D, Line 35.

For Columns E, I, J, and K, the result of Line 21 minus the sum of Lines 28 and 29 is automatically populated.

Line 35A – Net Due SD/MC for Direct Services

(March 1, 2008 – June 30, 2008)

No entry. The result of Line 21A minus Lines 28A for Columns E, I, J, and K are automatically populated.

Line 36 – Net Due Enhanced SD/MC (Refugees)

No entry. The result of Line 22 minus Line 30 for Columns E, I, J, and K are automatically populated.

Line 37 – Net Due for Healthy Families

(July 1, 2007 – February 29, 2008)

No entry. The result of Line 27 minus Line 31 in Columns E, I, J, and K are automatically populated.

Line 37A – Net Due for Healthy Families

(March 1, 2008 – June 30, 2008)

No entry. Line 27A is automatically populated here.

Line 38 – Amount Negotiated Rates Exceed Costs for SD/MC (Excludes Enhanced SD/MC Refugees)

(July 1, 2007 – February 29, 2008)

No entry. The difference of the sum of Lines 4, 9, and 15 minus the sum of Lines 1, 6, and 12 is automatically populated here. If the difference is less than zero, then zero is automatically populated. This line excludes Enhanced SD/MC (Refugees) and INCLUDES Enhanced SD/MC (Children).

Line 38A – Amount Negotiated Rates Exceed Costs for SD/MC (Excludes Enhanced SD/MC Refugees)

(March 1, 2008 – June 30, 2008)

No entry. The difference of the sum of Lines 4A, 9A and 15A minus the sum of Lines 1A, 6A, and 12A is automatically populated here. If the difference is less than zero, then zero is automatically populated here. This line excludes Enhanced SD/MC (Refugees) and INCLUDES Enhanced SD/MC (Children).

Line 39 – Amount Negotiated Rates Exceed Costs for Enhanced SD/MC (Refugees)

No entry. The difference of Line 20 minus Line 17 is automatically populated here.

If the difference is less than zero, then zero is automatically populated.

Line 40 – Amount Negotiated Rates Exceed Costs for Healthy Families

(July 1, 2007 – February 29, 2008)

No entry. The difference of Line 26 minus Line 23 is automatically populated here.

If the difference is less than zero, then zero is automatically populated.

Line 40A – Amount Negotiated Rates Exceed Costs for Healthy Families

(March 1, 2008 – June 30, 2008)

No entry. The difference of Line 26A minus Line 23A is automatically populated here.

If the difference is less than zero, then zero is automatically populated.

MH 1969 INST

Instructions for Lower of Costs or Charges Determination

The purpose of MH 1969 INST is to determine if you qualify as a Nominal Fee Provider. Before you can continue to complete the MH 1969, you must answer four questions on MH 1969 INST.

- ☐ Does your legal entity have a published schedule of its full (non-discounted) charges?
- ☐ Are your legal entity's revenues for patient care based on application of a published charge schedule?
- ☐ Does your legal entity maintain written policies for its process of making patient indigence determinations?
- ☐ Does your legal entity maintain sufficient documentation to support the amount of "indigence allowances" written off in accordance with the above procedures?

Nominal Fee Provider determination			
Please answer the following questions.			
Yes	No		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	1.	Does your legal entity have a published schedule of its full (non-discounted) charges?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	2.	Are your legal entity's revenue for patient care based on application of published charge schedule?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	3.	Does your legal entity maintain written policies for its process of making patient indigence determinations?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	4.	Does your legal entity maintain sufficient documentation to support the amount of "indigence allowances" written off in accordance with the above procedures?
<div style="display: flex; justify-content: space-around; align-items: center;"> HOME << MH1960 MH1969 >> </div>			

If you answer No to any of the above questions, then you DO NOT qualify as a Nominal Fee Provider and you should not complete the MH 1969.

MH 1969 (Optional)***Lower of Costs or Charges Determination***

The legal entity must have a published schedule of its full (non-discounted) charges. The objective of MH 1969 is to determine whether legal entities are exempt from having to apply the Lower of Cost or Charges (LCC) principle. MH 1969 is an optional form and should be completed by legal entities whose charges are lower than the SMA upper limits; and costs for non-negotiated rate legal entities or negotiated rates for negotiated rate legal entities. If a legal entity's Medi-Cal adjusted customary charges are equal to or less than 60 percent of Medi-Cal costs, and the legal entity meets four additional criteria, the legal entity is exempt from having to include charges in the comparison on MH 1968. The four additional criteria that must be met by a legal entity are:

- The legal entity must have a published schedule of its full (non-discounted) charges.
- The legal entity's revenues for patient care must be based on application of a published charge schedule.
- The legal entity must maintain written policies for its process of making patient indigence determinations.
- The legal entity must maintain sufficient documentation to support the amount of "indigence allowances" written off in accordance with the above procedures.

The exemption must be proved separately for Medi-Cal Inpatient Services (Mode 05-Hospital Inpatient Services) and Medi-Cal Outpatient Services (Mode 05-Other 24 Hour Services, Mode 10-Day Services, and Mode 15-Outpatient Services). Refer to DMH Letter No. 90-05 and attachments for a detailed explanation of how to meet these four criteria.

Medi-Cal adjusted customary charges are calculated using several different methods, all of which result in the same outcome.² MH 1969 employs the calculation method applicable to most legal entities. Medi-Cal adjusted customary charges are calculated by first dividing actual charges to non-Medicare and non-Medi-Cal patients by adjusted or published charges to non-Medicare and non-Medi-Cal patients. This ratio is then applied to Medi-Cal charges (i.e., amounts billed to Medi-Cal), resulting in Medi-Cal adjusted customary charges. These charges are compared to 60 percent of Medi-Cal costs and, if equal to or less, the legal entity is exempt from having to apply the LCC principle. Dollar amounts should be rounded to the nearest whole dollar.

² See: *Medicare and Medicaid Guide*, Commerce Clearing House, ¶7585, August 1989.

State of California Health and Human Services Agency		Department of Mental Health				
DETAIL COST REPORT						
LOWER OF COSTS OR CHARGES EXEMPTION DETERMINATION (Optional)						
MH 1969 (Rev. 5/08)						
FISCAL YEAR 2007 - 2008						
County: 0						
County Code:						
Legal Entity: 0		A	B	C	D	E
Legal Entity Number:		Total Inpatient				Total Outpatient
		Mode 05 Hospital Inpatient	Mode 05 Other 24 Hour Services	Mode 10 Day Services	Mode 15 Outpatient Services	
1	Amount billed to Medi-Cal					
	Non-Medicare/Medi-Cal Actual Charges					
2	Non-Medicare/Medi-Cal Patient Revenue					
3	Non-Medicare/Medi-Cal Patient Insurance					
4	Subtotal					
5	Non-Medicare/Medi-Cal Published Charges					
6	Ratio of Actual to Published Charges	0.00%				0.00%
7	Medi-Cal Adjusted Customary Charges					
8	Medi-Cal Costs					
9	60 Percent of Medi-Cal Costs					
DMH use only		Inpatient	Exempt			Outpatient
Line 9 greater than line 7.		<input type="checkbox"/>	Not Exempt			<input type="checkbox"/>
Line 7 greater than line 9.		<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>
<div style="display: flex; justify-content: space-around; align-items: center;"> << MH1969_INST HOME Goto MH1968 </div>						

Line 1 – Amount Billed to Medi-Cal

Enter the amount billed to Medi-Cal (through DMH) for the cost report fiscal year. The amount should be derived from the county's monthly billing records. Enter amount for each mode of service in the appropriate column. The sum of Columns B through D is automatically populated in Column E.

Line 2 – Non-Medicare/Medi-Cal Patient Revenues

Enter the total patient revenue for the cost report fiscal year billed (not necessarily collected) to non-Medicare patients and non-Medi-Cal patients based on the Uniform Method of Determining Ability to Pay (UMDAP). Billings to patients liable for payment on a charge basis (non-contractual patients) based on the UMDAP should be reported.

Billings to Health Maintenance Organization (HMOs), County Organized Health System (COHSs), Preferred Provider Organization (PPOs), or Primary Care Case Management (PCCMs) should not be included. Line 2, Column A, represents amount billed to patients for Mode 05-Hospital Inpatient Services and Line 2, Column E, represents amount billed to patients for Mode 05-Other 24 Hour Services, Mode 10-Day Services, and Mode 15-Outpatient Services.

Line 3 – Non-Medicare/Medi-Cal Patient Insurance

Enter the total patient insurance collected from non-Medicare patients and non-Medi-Cal patients for the cost report fiscal year. Line 3, Column A, represents patient insurance collected for Mode 05-Hospital Inpatient Services and Line 3, Column E, represents patient insurance collected for Mode 05-Other 24 Hour Services, Mode 10-Day Services, and Mode 15-Outpatient Services.

Line 4 – Subtotal

No entry. This line sums Lines 2 and 3 for Column A (Inpatient) and Column E (Outpatient).

Line 5 – Non-Medicare/Medi-Cal Published Charges

Non-Medicare/Medi-Cal Published Charges represent amount non-Medicare and non-Medi-Cal patients would have paid had they been full-fee paying patients. On a separate worksheet maintained by the legal entity, multiply the units of service/time provided to non-Medicare and non-Medi-Cal patients by the legal entity's published charge or rate for each service function. These amounts should be aggregated by mode of service and reported in appropriate Column on Line 5. The sum of Columns B through D is automatically populated in Column E. Columns A and E represent legal entity's non-Medicare/Medi-Cal published charges for inpatient and outpatient services.

Line 6 – Ratio of Actual to Published Charges

No entry. The calculation is Line 4 divided by Line 5 in Column A (Inpatient) and Column E (Outpatient).

Line 7 – Medi-Cal Adjusted Customary Charges

No entry. The calculation is Line 1 multiplied by Line 6 in Column A (Inpatient) and Column E (Outpatient).

Line 8 – Medi-Cal Costs

No entry. The legal entity's total cost for providing Medi-Cal Inpatient and Outpatient services are automatically populated in Columns A and E. These costs are derived from the sum of MH 1968, Lines 11, 11A, 16, 16A and 22, Column E and Column I.

Line 9 – 60 Percent of Medi-Cal Costs

No entry. Columns A and E are automatically calculated by multiplying Line 8 by 60 percent and the results automatically populate Line 9.

If amount on Line 9, Column A (60 percent of Medi-Cal inpatient costs) is greater than Line 7, Column A (Medi-Cal inpatient adjusted customary charges), the legal entity is exempt from having to apply the LCC principle for Mode 05-Hospital Inpatient Services. If Line 7, Column A, is greater than Line 9, Column A, the legal entity is not exempt from having to apply the LCC principle for Mode 05-Hospital Inpatient Services on MH 1968, and must include Medi-Cal Mode 05-Hospital Inpatient charges in the comparison on MH 1968.

If amount on Line 9, Column E (60 percent of Medi-Cal outpatient costs) is greater than Line 7, Column E (Medi-Cal outpatient adjusted customary charges), the legal entity is exempt from having to apply the LCC principle for outpatient services. If Line 7, Column E, is greater than Line 9, Column E, the legal entity is not exempt from having to apply the LCC principle for outpatient services on MH 1968, and must include the Medi-Cal outpatient charges in the comparison on MH 1968.

MH 1979***SD/MC Preliminary Desk Settlement***

The objective of MH 1979 is to determine the preliminary net Federal Financial Participation (FFP) due the legal entity for all SD/MC and Healthy Families services. Data for Lines 1 through 10 and 13 through 15 are to be entered by County legal entities on appropriate forms (MH 1900_Information and MH 1960, etc.).

Line 1 – County SD/MC Direct Service Gross Reimbursement

No entry. In Columns B and C, County's legal entity SD/MC Direct Service Gross Reimbursement for inpatient and outpatient services are automatically populated from MH 1968, Columns E and K, sum of Lines 21, 21A, and 22. The sum of Columns B and C is automatically populated in Column D.

Line 2 – Contract Provider Medi-Cal Direct Service Gross Reimbursement

No entry. In Columns B and C, Contract Providers SD/MC Direct Service Gross reimbursement for inpatient and outpatient services are automatically populated from the MH 1900 Information Sheet. These services are manually entered on the MH 1900 Information Sheet from the MH 1968, Columns E and K, sum of Lines 21, 21A, and 22 for all legal entities that contract for SD/MC services with the county of County Mental Health Plans (MHPs). This entry should include payments to FFS/MC hospitals for psychiatric inpatient services (MH 1994, Lines 2A, 6, and 7 **Plus FFP**) that have not been included in the Allowable Costs for Allocation (Line 8) on MH 1960. The sum of Columns B and C automatically populates in Column D.

Line 3 – Total Medi-Cal Direct Service Gross Reimbursement

No entry. The sum of Lines 1 and 2 in Column D are automatically populated on Line 3. This amount represents total allowable SD/MC direct service costs in the county that will be used to determine maximum allowable SD/MC administrative reimbursement for the county legal entity.

Line 4 – SD/MC Administrative Reimbursement Limit

No entry. SD/MC Administrative costs are limited to 15 percent of SD/MC direct service costs. Column D, Line 3 is automatically multiplied by 0.15 to compute maximum SD/MC reimbursement for administrative services.

Line 5 – SD/MC Administration

No entry. SD/MC administrative costs are automatically populated from MH 1960, Column C, Line 9.

State of California Health and Human Services Agency

Department of Mental Health

DETAIL COST REPORT

SD/MC PRELIMINARY DESK SETTLEMENT

MH 1979 (Rev. 5/08)

FISCAL YEAR 2007 - 2008

County: 0

County Code:

Legal Entity: 0	A	B	C	D	E	F	G	H	I	J
Legal Entity Number:	Total MAA	Total Inpatient	Total Outpatient	Total	50.00% FFP	50.00% FFP	50.00% FFP	Variable % FFP	75.00% FFP	Total FFP
SD/MC Administrative Reimbursement (County Only)										
1 County SD/MC Direct Service Gross Reimbursement										
2 Contract Providers Medi-Cal Direct Service Gross Reimbursement										
3 Total Medi-Cal Direct Service Gross Reimbursement										
4 Medi-Cal Administrative Reimbursement Limit										
5 Medi-Cal Administration										
6 Medi-Cal Administrative Reimbursement										
Healthy Families Administrative Reimbursement (County Only)										
7 County Healthy Families Direct Service Gross Reimbursement										
7A Contract Providers Healthy Families Direct Service Gross Reim.										
7B Total Healthy Families Direct Service Gross Reimbursement										
8 Healthy Families Administrative Reimbursement Limit										
9 Healthy Families Administration										
10 Healthy Families Administrative Reimbursement										
SD/MC Net Reimbursement for MAA										
11 Medi-Cal Admin. Activities Svc Functions 01 - 09										
12 Medi-Cal Admin. Activities Svc Functions 11 - 19, 31 - 39										
13 Medi-Cal Admin. Activities Svc Functions 21 - 29 (County Only)										
14 Utilization Review-Skilled Prof. Med. Personnel (County Only)										
15 Other SD/MC Utilization Review (County Only)										
16 SD/MC Net Reimbursement for Direct Services 07/01/07 - 02/29/08										
16A 03/01/08 - 06/30/08										
17 Enhanced SD/MC Net Reimb. (Children) 07/01/07 - 02/29/08										
17A 03/01/08 - 06/30/08										
18 Enhanced SD/MC Net Reimb. (Refugees)										
19 Total SD/MC Reimbursement Before Excess FFP										
20 Amount Negotiated Rates Exceed Costs - SD/MC & Enh. SD/MC										
21 Total SD/MC Reimbursement (FFP)										
22 Contract Limitation Adjustment										
23 Adjusted Total SD/MC Reimbursement (FFP)										
24 Healthy Families Net Reimbursement 07/01/07 - 02/29/08										
24A 03/01/08 - 06/30/08										
25 Total Healthy Families Reimbursement Before Excess FFP										
26 Amount Negotiated Rates Exceed Costs - Healthy Families										
27 Total Healthy Families Reimbursement										

STATE SHARE OF SD/MC COST

Line 6: Column D minus Column E	
Line 10: Column D minus Column H	
Line 11: Column D minus Column E	
Line 12: Column D minus Column E	
Line 13: Column D minus Column I	
Line 14: Column D minus Column I	
Line 15: Column D minus Column E	
Line 16: Column D minus Column F	
Line 16A: Column D minus Column G	
Line 17: Column D minus Column H	
Line 17A: Column D minus Column H	
Line 18: Column D minus Column H	
Line 24: Column D minus Column H	
Line 24A: Column D minus Column H	
TOTAL STATE SHARE SD/MC COST	

Line 6 – SD/MC Administrative Reimbursement

No entry. The lower of Lines 4 and 5 is automatically populated in Column D, Line 6. The amount in Column D is automatically multiplied by 50 percent to determine FFP for SD/MC administration. The result is rounded to the nearest whole dollar and entered in Column E.

Line 7 – County Healthy Families Direct Service Gross Reimbursement

No entry. Columns B and C, County's legal entity Healthy Families Direct Service Gross Reimbursement, are automatically populated from MH 1968, Columns E and K, sums of Lines 27 and 27A. The sum of Columns B and C automatically populates Column D.

Line 7A – Contract Provider Healthy Families Direct Service Gross Reimbursement

No entry. Columns B and C, Contract Providers Healthy Families Direct Service Gross Reimbursement for inpatient and outpatient services, are manually entered in the MH 1900 Information Sheet based on the calculations from the MH 1968, Columns E and K, sum of Lines 27 and 27A for all legal entities that contract for Healthy Families services with the county of County Mental Health Plans (MHPs). The sum of Columns B and C automatically populates in Column D.

Line 7B – Total Healthy Families Direct Service Gross Reimbursement

No entry. The sum of Lines 7 and 7A in Column D are automatically populated on Line 7B. This amount represents total allowable Healthy Families direct service costs in the county that will be used to determine maximum allowable Healthy Families administrative reimbursement for the county legal entity.

Line 8 – Healthy Families Administrative Reimbursement Limit

No entry. Healthy Families Administrative costs are limited to 10 percent of Healthy Families direct service gross costs. Column D, Line 7, is automatically multiplied by 10 percent to compute Healthy Families administrative limit.

Line 9 – Healthy Families Administration

No entry. The Healthy Families Administrative costs are automatically populated from Column C, Line 10 of MH 1960.

Line 10 – Healthy Families Administrative Reimbursement

No entry. The lower of Lines 8 and 9 from Column D is automatically selected and populated in Column D, Line 10. The amount in Column D is automatically multiplied by 65 percent to determine the FFP for Healthy Families administrative costs. The result is rounded to the nearest whole dollar and populated on Line 10, Column H.

NOTE: Lines 11 through 13 are for MAA participants only. Others Skip to Line 14.

Line 11 – Medi-Cal Administrative Activities Service Functions 01 - 09

No entry. The Net Due from Medi-Cal for MAA for Service Functions 01 through 09 is automatically populated from Line 35, Column A, of MH 1968 in Columns A and D. The result in Column D is automatically multiplied by 50 percent and entered in Columns E and J. Verify that Line 11 equals or agrees with MH 1979, Line 21, Column J (FFP).

Line 12 – Medi-Cal Administrative Activities Service Functions 11 - 19, 31 - 39

No entry. The Net Due from Medi-Cal for MAA for Service Functions 11 through 19, and 31 through 39 is automatically populated from Line 35, Column B, of MH 1968 in Columns A and D. The result in Column D is automatically multiplied by 50 percent and entered in Columns E and J. Verify that Line 12 agrees with MH 1979, Line 27 (Healthy Families).

Line 13 – Medi-Cal Administrative Activities Service Functions 21 - 29**(County Only)**

No entry. The Net Due from Medi-Cal for MAA for Service Functions 21 through 29 is automatically populated from Line 35, Column C, of MH 1968 in Columns A and D. The result in Column D is automatically multiplied by 75 percent and populated in Columns I and J.

Line 14 – Utilization Review – Skilled Professional Medical Personnel**(County Only)**

No entry. The SD/MC utilization review costs for skilled professional medical personnel are populated from Column C, Line 13 of MH 1960. The result in Column D is automatically multiplied by 75 percent to determine FFP and populated in Columns I and J.

Line 15 – Other SD/MC Utilization Review**(County Only)**

No entry. The other SD/MC utilization review costs are automatically populated from Column C, Line 14 of MH 1960 in Column D. The result in Column D is automatically multiplied by 50 percent to determine FFP and populated in Columns E and J.

Line 16 – SD/MC Net Reimbursement for Direct Services @ 50%**(July 1, 2007 – February 29, 2008)**

No entry. The SD/MC direct service net reimbursement for inpatient and outpatient services are automatically populated from Columns E and K, Line 11 of MH 1968 in Columns B and C, respectively. Column D automatically sums Columns B and C. The amount in Column D is automatically multiplied by 50 percent to determine FFP for SD/MC direct services and populated in Columns F and J.

**Line 16A – SD/MC Net Reimbursement for Direct Services @ 50%
(March 1, 2008 – June 30, 2008)**

No entry. The SD/MC direct service net reimbursement for inpatient and outpatient services are automatically populated from Columns E and K, Line 11A of MH 1968 in Columns B and C, respectively. Column D automatically sums Columns B and C. The amount in Column D is automatically multiplied by 50 percent to determine FFP for SD/MC direct services and populated in Columns G and J.

**Line 17 – Enhanced SD/MC Net Reimbursement (Children) @ 65%
(July 1, 2007 – February 29, 2008)**

No entry. The Enhanced SD/MC (Children) direct services net reimbursement is automatically populated from Columns E (Inpatient) and K (Outpatient), Line 16 of MH 1968 in Columns B and C, respectively. Column D automatically sums Columns B and C. The amount in Column D is automatically multiplied by 65 percent to determine FFP for Enhanced SD/MC (Children) direct services and populated in Columns H and J.

**Line 17A – Enhanced SD/MC Net Reimbursement (Children) @ 65%
(March 1, 2008 – June 30, 2008)**

No entry. The Enhanced SD/MC (Children) direct services net reimbursement is automatically populated from Columns E (Inpatient) and K (Outpatient), Line 16A of MH 1968 in Columns B and C, respectively. Column D automatically sums Columns B and C. The amount in Column D is automatically multiplied by 65 percent to determine FFP for Enhanced SD/MC (Children) direct services and populated in Columns H and J.

Line 18 – Enhanced SD/MC Net Reimbursement (Refugees) @ 100%

No entry. The Enhanced SD/MC (Refugees) direct services net reimbursement is automatically populated from Columns E (Inpatient) and K (Outpatient), Line 22 of MH 1968 in Columns B and C, respectively. Column D automatically sums Columns B and C. The amount in Column D is automatically multiplied by 100 percent to determine FFP for Enhanced SD/MC (Refugees) direct services and populated in Columns H and J.

Line 19 – Total SD/MC Reimbursement Before Excess FFP

No entry. The sum of Column J, Lines 6, 11 through 15, 16, 16A, 17, 17A, and 18 are automatically populated in Column J.

Line 20 – Amount Negotiated Rates Exceed Costs – SD/MC and Enhanced SD/MC

No entry. Legal entities reimbursed based on negotiated rates must refund to CMS, 25 percent of the amount negotiated rates or reimbursement rates exceed costs. From MH 1968, the sum of Lines 38, 38A, and 39 in Columns E (Inpatient) and K (Outpatient) is automatically populated into Columns B and C, respectively. The sum of Columns B and C is automatically populated in Column D. Column J automatically multiplies Column D by 25 percent. This represents the amount of FFP to be repaid to CMS.

Line 21 – Total SD/MC Reimbursement (FFP)

No entry. For Column J, the result of Line 19 minus Line 20 is automatically populated.

Line 22 – Contract Limitation Adjustment

No entry. This line automatically populates from MH 1900 Information Sheet when the county enters an adjustment to Medi-Cal due to contract limitations.

Line 23 – Adjusted Total SD/MC Reimbursement (FFP)

No entry. The result of Line 21 plus Line 22 is automatically populated.

**Line 24 – Healthy Families Net Reimbursement @ 65%
(July 1, 2007 – February 29, 2008)**

No entry. The amounts (Net Due-Healthy Families) from MH 1968, Line 37, Columns E (Inpatient) and K (Outpatient) are automatically populated in Columns B and C, respectively. The amount in Column D is automatically multiplied by 65 percent to determine FFP for SD/MC Healthy Families direct services and populated in Columns H and J.

**Line 24A – Healthy Families Net Reimbursement @ 65%
(March 1, 2008 – June 30, 2008)**

No entry. The amounts (Net Due-Healthy Families) from MH 1968, Line 37A, Columns E (Inpatient) and K (Outpatient) are automatically populated in Columns B and C, respectively. The amount in Column D is automatically multiplied by 65 percent to determine FFP for SD/MC Healthy Families direct services and populated in Columns H and J.

Line 25 – Total Healthy Families Reimbursement Before Excess FFP

No entry. The sum of Line 10, Line 24 and Line 24A automatically populates Column J.

Line 26 – Amount Negotiated Rate Exceeds Cost – Healthy Families

No entry. Column B (Inpatient) and Column C (Outpatient) are automatically entered from MH 1968, sum of Line 40 plus Line 40A, Column E (Inpatient) and Column K (Outpatient). The sum of Column B and C automatically populates Column D. Column D is multiplied by 25 percent and automatically populates Column J.

Line 27 – Total Healthy Families Reimbursement

No entry. The difference between Lines 25 and 26 automatically populates Column J.

MH 1991***Calculation of SD/MC (Hospital Administrative Days)***

The objective of MH 1991 is to identify amount of Physician and Ancillary costs associated with SD/MC and Healthy Families (SED) Hospital Administrative Days (Mode 05, Service Function 19) for use on the MH 1966.

Column A – Settlement Group

No entry. Settlement groups are provided.

Column B – Provider Number

Enter 4-digit Provider Number.

Column C – SMA Rate

No entry. SMA Rate for FY 2007-2008 is provided for the two periods.

Column D – Period of Service

No entry. Period of service from 07/01/07 through 07/31/07 - \$310.68

Period of service from 08/01/07 through 06/30/08 - \$318.19

Column E – Administrative Days

Enter number of SD/MC Administrative Days according to period during which services were provided and by the settlement group the services were rendered during the fiscal year. This column should match the number of Medi-Cal units reported on Schedules B and BS for Mode 05, Service Function 19.

Column F – Subtotal Amount

No entry. This is the result of Column C multiplied by Column E.

Column G – Physician Costs

Enter cost of physician services related to SD/MC Administrative Days for each period and settlement group. (Amounts should be included in total billed to Medi-Cal).

Column H – Ancillary Costs

Enter cost of ancillary services related to SD/MC Administrative Days for each period and settlement group. (Amounts should be included in total billed to Medi-Cal).

Column I – Total Amount

No entry. This is the sum of Columns F, G, and H for each period and settlement group.

State of California Health and Human Services Agency

Department of Mental Health

DETAIL COST REPORT

CALCULATION OF SHORT-DOYLE/MEDI-CAL FOR FY 2007 - 2008 HOSPITAL ADMINISTRATIVE DAYS

MH 1991 (Rev. 5/08)

FISCAL YEAR 2007 - 2008

COUNTY NAME:		LEGAL ENTITY			NAME:			
COUNTY CODE:					NUMBER:			
A	B	C	D	E	F	G	H	I
Settlement Group	PROVIDER NUMBER	SMA RATE	PERIOD OF SERVICE	ADMIN DAYS	SUBTOTAL AMOUNT	PHYSICIAN COSTS	ANCILLARY COSTS	TOTAL AMOUNT
SD/MC		\$310.68	07/01/07 - 07/31/07					
		\$318.19	08/01/07 - 09/30/07					
		\$318.19	10/01/07 - 12/31/07					
		\$318.19	01/01/08 - 06/30/08					
							Sub Total:	
Children EMC		\$310.68	07/01/07 - 07/31/07					
		\$318.19	08/01/07 - 09/30/07					
		\$318.19	10/01/07 - 12/31/07					
		\$318.19	01/01/08 - 06/30/08					
							Sub Total:	
Refugees EMC		\$310.68	07/01/07 - 07/31/07					
		\$318.19	08/01/07 - 09/30/07					
		\$318.19	10/01/07 - 12/31/07					
		\$318.19	01/01/08 - 06/30/08					
							Sub Total:	
Healthy Families		\$310.68	07/01/07 - 07/31/07					
		\$318.19	08/01/07 - 09/30/07					
		\$318.19	10/01/07 - 12/31/07					
		\$318.19	01/01/08 - 06/30/08					
							Sub Total:	
GRAND TOTAL								

HOME

<< MH1901_Schedule_B

MH1961 >>

MH 1992 INST***Identification of Funding Sources***

The purpose of the MH 1992 INST is to identify all funding sources that are applicable. This form is designed to remove all unnecessary lines from the MH 1992.

“Yes” box will be the automatic default for all Funding Sources for the legal entity.

Identification of Funding Sources Please check all that apply.				
Yes	No		Funding Sources	MH1992
<input checked="" type="checkbox"/>	<input type="checkbox"/>	1.	SAMHSA Grants	(Line 4)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	2.	PATH Grants	(Line 5)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	3.	RWJ Grants	(Line 6)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	4.	Other Grants	(Line 7)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	5.	Patient Fees	(Line 9)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	6.	Patient Insurance	(Line 10)
		7.	Regular SD/MC (FFP only)	(Line 11)
		8.	Healthy Family - Fed share	(Line 12)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	9.	Medicare - Fed. Share	(Line 13)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	10.	Conservatorship Admin. Fees	(Line 14)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	11.	State General Fund-State Share	(Line 15)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	12.	State General Fund-County Match	(Line 16)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	13.	SGF-Managed Care - Outpatient	(Line 17)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	14.	04-05 Rollover - Managed Care-Other	(Line 18)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	15.	EPSDT SD/MC - State Share Est.	(Line 19)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	16.	04-05 SGF Rollover	(Line 20A)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	17.	Other Revenue	(Line 20B)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	18.	Realignment Funds/MOE	(Line 21)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	19.	Prior Years MHSA	(Line 22)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	20.	MHSA	(Line 23)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	21.	County Overmatch	(Line 24)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	22.	CALWORKS	(Line 25)
HOME		MH1992 >>		

MH 1992**Funding Sources**

The objective of MH 1992 is to identify the types of resources used to finance specific mental health program activities for each legal entity by mode of service. Funding source identifies who is paying for programs authorized by the county mental health agency.

Column J – Total Legal Entity

No entry. This column sums Columns A through I for each line.

Line 1 – Gross Cost

No entry. Column A, Line 1, is the sum of Column C, Lines 12 and 17 of MH 1960. Column B is from MH 1960, Column C, Line 16. Columns C through I, Line 1 are from Column A, Line 3 of the relevant MH 1966's.

Line 2 – Adjustment

Enter in Columns C through I, the amounts needed to adjust legal entity costs to actual program funding, such as the difference between county contract rate and actual cost incurred by contract providers.

State of California Health and Human Services Agency										Department of Mental Health																																																																				
DETAIL COST REPORT																																																																														
FUNDING SOURCES																																																																														
MH 1992 (Rev. 5/08)																																																																														
FISCAL YEAR 2007 - 2008																																																																														
County: 0																																																																														
County Code:																																																																														
Legal Entity: 0																																																																														
Legal Entity No.:																																																																														
<table border="1"> <tr> <th></th> <th>A</th> <th>B</th> <th>C</th> <th>D</th> <th>E</th> <th>F</th> <th>G</th> <th>H</th> <th>I</th> <th>J</th> </tr> <tr> <th></th> <th>Admin./ Research & Evaluation</th> <th>Utilization Review</th> <th colspan="8">Direct Services/MAA</th> <th>Total Legal Entity</th> </tr> <tr> <th></th> <th></th> <th></th> <th>Mode 05 - Hospital Inpatient</th> <th>Mode 05 - Other 24 Hour Services</th> <th>Mode 10 - Day Services</th> <th>Mode 15 - Outpatient Services</th> <th>Mode 45 - Outreach Services</th> <th>Mode 55 - MAA</th> <th>Mode 60 - Support Services</th> <th></th> </tr> <tr> <td>1</td> <td>Gross Cost</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>2</td> <td>Adjustments</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>3</td> <td>Adjusted Gross Cost</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>													A	B	C	D	E	F	G	H	I	J		Admin./ Research & Evaluation	Utilization Review	Direct Services/MAA								Total Legal Entity				Mode 05 - Hospital Inpatient	Mode 05 - Other 24 Hour Services	Mode 10 - Day Services	Mode 15 - Outpatient Services	Mode 45 - Outreach Services	Mode 55 - MAA	Mode 60 - Support Services		1	Gross Cost										2	Adjustments										3	Adjusted Gross Cost									
	A	B	C	D	E	F	G	H	I	J																																																																				
	Admin./ Research & Evaluation	Utilization Review	Direct Services/MAA								Total Legal Entity																																																																			
			Mode 05 - Hospital Inpatient	Mode 05 - Other 24 Hour Services	Mode 10 - Day Services	Mode 15 - Outpatient Services	Mode 45 - Outreach Services	Mode 55 - MAA	Mode 60 - Support Services																																																																					
1	Gross Cost																																																																													
2	Adjustments																																																																													
3	Adjusted Gross Cost																																																																													
										CROSSCHECKS																																																																				
										OK																																																																				

For Legal Entities that provide services to *multiple counties*, adjust gross aggregate county legal entity allowable costs on Line 2, Columns C through I to agree with the amount received from each county for which a cost report is being submitted. Report aggregate gross county legal entity costs for all county legal entities on MH 1960, and aggregate gross county legal entities units of service on MH 1901 Schedule B for the determination of cost per unit.

Line 3 – Adjusted Gross Cost

No entry. Line 1 plus or minus Line 2 is automatically populated.

Line 4 – SAMHSA Grants

Enter revenues expended from SAMHSA grants for appropriate modes of service.

Line 5 – PATH Grants

Enter revenues expended from PATH grants for appropriate modes of service.

Line 6 – RWJ Grants

Enter revenues expended from Robert Wood Johnson (RWJ) Foundation grants for appropriate modes of service.

Line 7 – Other Grants

Enter revenues expended from other grants not reported on Lines 4 through 6 for appropriate modes of service.

Line 8 – Total Grants Accrued

No entry. Lines 4 through 7 for Columns A through G are automatically populated.

Line 9 – Patient Fees

Enter patient fees received for appropriate treatment program modes of service.

State of California Health and Human Services Agency											Department of Mental Health
DETAIL COST REPORT											
FUNDING SOURCES											
MH 1992 (Rev. 5/08)											
FISCAL YEAR 2007 - 2008											
County: 0											
County Code:											
Legal Entity: 0											
Legal Entity No.:											
Direct Services/MAA											
Total Legal Entity											
CROSSCHECKS											
OK											
OK											
OK MH1979 SDMC MATCH											
OK MH1979 HF MATCH											
OK											
EDIT CHECKS											
Line 3 = Line 24? OK											
Amt. to Balance to Line 3:											
HOME << MH1992_INST DONE											

Line 10 – Patient Insurance

Enter patient insurance received for appropriate treatment program modes of service.

Line 11 – Regular and Enhanced SD/MC (FFP Only)

No entry. SD/MC and Enhanced SD/MC net reimbursement (FFP portion only) are included on this line. Column A (Administration) comes from MH 1979, Column J, Line 6. Column B (Utilization Review) is the result of MH 1979, Column J, Lines 14 plus 15. Column C (Mode 05 – Hospital Inpatient) is the result of MH 1979, Column B, sum of Line 16 x .50, plus Line 16A x .50, plus Line 17 x .65, plus Line 17A x .65, plus Line 18 x 1.00, minus MH 1979, Column B, Line 20 x .25. Columns D (Mode 05 – Other 24 Hour Services), E (Mode 10 – Day Services) and F (Mode 15 – Outpatient Services) are calculated using data from MH 1968, Columns F (Mode 05- Other 24 Hour Services), G (Mode 10 – Day Services), and H plus J (Mode 15 – Outpatient Services, Programs 1 and 2), Line 11 minus Line 28, x .50, plus Line 11A minus Line 28A, x .50, plus Line 16 minus Line 29, x .65, plus Line 16A, x .65, plus Line 22 minus Line 30, x 1.0 minus the sum of Lines 38, 38A, and 39 x .25. Column H (Mode 55 – MAA) is calculated using MH 1979, Column J, sum of Lines 11, 12, and 13.

Line 12 – Healthy Families – Federal Share

No entry. Column A (Administration) comes from MH 1979, Column J, Line 10. Column C (Mode 05 – Hospital Inpatient) is the result of MH 1979, Column B, Line 24 x .65, plus Line 24A x .65, minus the product of .25 x Line 26. Columns D (Mode 05 – Other 24 Hour Services), E (Mode 10 – Day Services) and F (Mode 15 – Outpatient Services) are calculated using data from MH 1968, Columns F (Mode 05 – Other 24 Hour Services), G (Mode 10 – Day Services) and H plus J (Mode 15 – Outpatient Services, Programs 1 and 2), Line 37 x .65, plus Line 37A x .65, minus .25 x sum of Lines 40 plus 40A.

Line 13 – Medicare – Federal Share

Enter Medicare revenue accrued/received for appropriate treatment program modes of service.

Line 14 – Conservator Administrative Fees

Enter conservator administration fees received in Column I, Line 14.

Line 15 – State General Fund – State Share

Enter State share of State General Fund (SGF) (90 percent for large counties) in Columns A through I. These are primarily categorical funds allocated by DMH to the counties for FY 2007-2008. Community Services – Other Treatment for Mental Health Managed Care should not be included on this line. Total amount should equal MH 1940, Column A, Lines 9, 10, 11, and 12.

Line 16 – State General Fund – County Match

Enter county share (10 percent for large counties) of cost to match State General Fund in Columns A through I, if applicable.

Line 17 – State General Fund – Managed Care – Outpatient Mental Health Services

Enter expenditures by modes of service for Outpatient Mental Health Services funded by FY 2007-2008 SGF – Managed Care allocation. Total amount should equal MH 1994, Lines 8 and 9 and MH 1940, Line 13, Column A.

Line 18 – FY 2006-2007 Rollover – Managed Care – Outpatient Mental Health Services

Enter expenditures for Outpatient Mental Health Services by modes of service, funded by rollover from FY 2006-2007 SGF – Managed Care allocation. The amount should equal MH 1994, Line 2B, amount expended on Outpatient Mental Health Services. Line 2A is inpatient hospital expenditures paid from the contingency reserves, while Line 2B is outpatient expenditures paid also from the contingency reserves.

Line 19 – EPSDT SD/MC – State Share Estimate

Enter estimated SGF of Early and Periodic Screening, Diagnosis and Treatment (EPSDT) SD/MC. Estimated amount should be based upon anticipated EPSDT expenditures and may or may not be different than EPSDT SGF Interim Funding the County received as an advance. EPSDT amount should be reflected on MH 1940, Line 16.

Line 20A – FY 2006-2007 SGF Rollover

Enter by mode of service, categorical funds SGF rolled over from the previous fiscal year.

NOTE: Report county match for rollover that requires county share.

Line 20B – Other Revenues

Enter here all other revenues received and not reported on Lines 4 through 19.

Line 21 – Realignment Funds/Maintenance of Effort

Enter amount expended per realignment funding and county Maintenance of Effort (MOE) obligations pursuant to Welfare and Institutions Code § 17608.05 for each mode of service. Include realignment funds used to match FFP under the SD/MC program. Exclude realignment funding for State Hospitals and county match for SGF allocated by State Department of Mental Health.

Line 22 – Prior Years-MHSA

No entry. Field Shaded for FY 2007-2008.

Line 23 – MHSA

Enter amount expended per MHSA funding, including MHSA funds used to match FFP under the SD/MC program. This amount should equal MH 1995, Line 7.

Line 24 – County Overmatch

Enter county overmatch funds the county contributes over the percentage amounts prescribed by law.

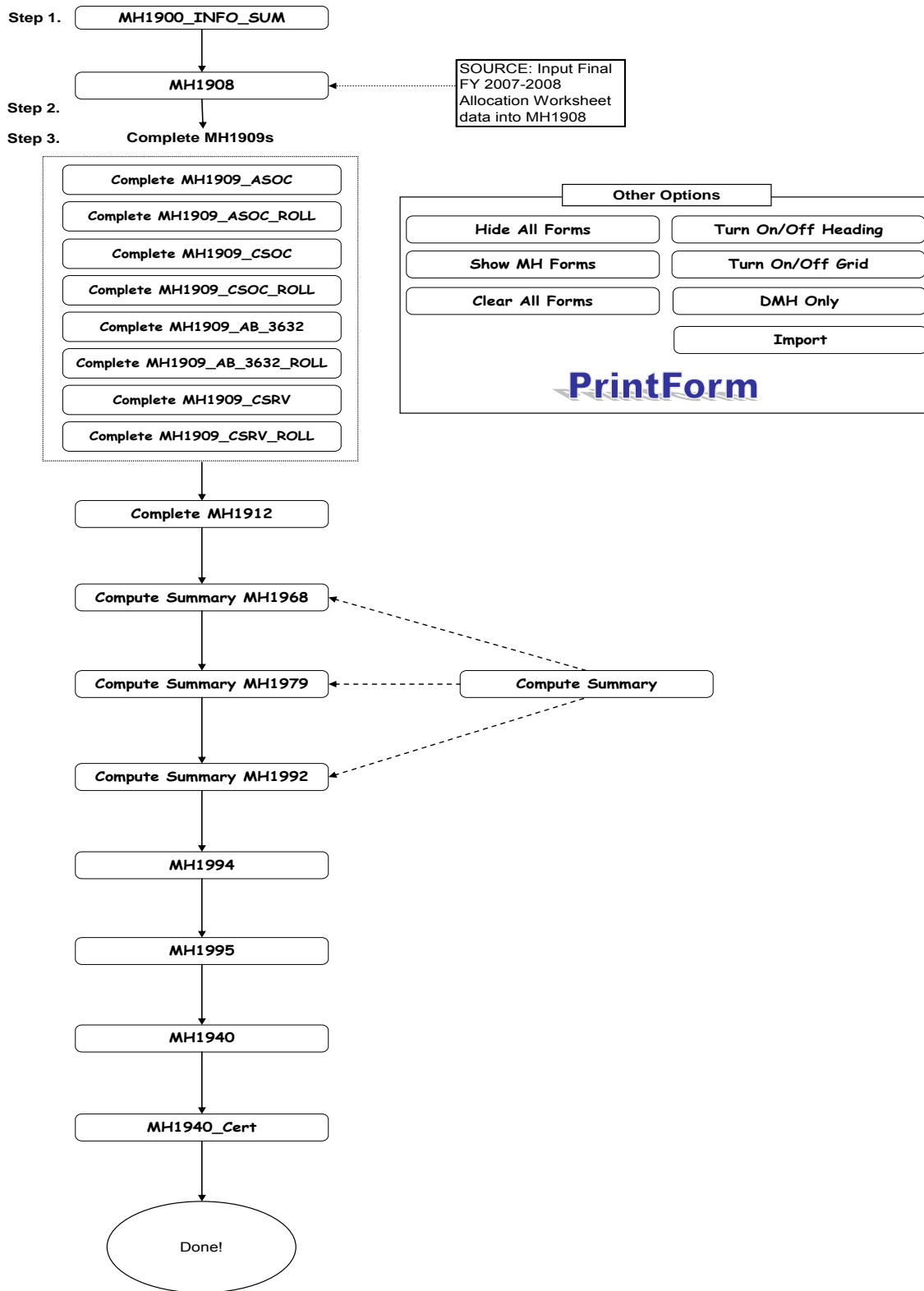
Line 25 – CalWORKS

Enter the county CalWORKS funds used for mental health services.

Line 26 – Total Funding Sources

No entry. This line sums Lines 8 through 25 for Columns A through I. Amount in Column J, Line 25, should equal amount in Column J, Line 3. Any difference between the two amounts should be corrected before submitting the cost report.

No text on this page.

Summary Flow Chart Instruction (2007-2008)

Summary Forms for Counties ONLY

This section details the following forms and their requirements for Summary County Cost Reporting ONLY.

MH 1900_INFO_SUM	Information Sheet (Sample in Appendix D)
MH 1908	Supplemental State Resource Data Report final amounts for State Categorical Funds from "Final Allocation" Letter
MH 1909	Supplemental Cost Report Data by Program Category
MH 1909_SUM	Supplemental Cost Report Data by Program Category (Sample in Appendix D)
MH 1912	Supplemental Cost Report Data for Special Education Program
MH 1968_SUM	Determination of SD/MC Direct Service and MAA Reimbursement (Sample in Appendix D)
MH 1979_SUM	Summary SD/MC Preliminary Desk Settlement (Sample in Appendix D)
MH 1992_SUM	Summary Funding Sources (Sample in Appendix D)
MH 1994	Report of Mental Health Managed Care Allocation and Expenditures
MH 1995	Report of Mental Health Services Act (MHSA) Distribution and Expenditures
MH 1940 and Certification Page	Year End Cost Report Summary
MH 1979_1992_RECON	Reconciliation of MH 1979 and MH 1992 for FFP Accuracy (Sample in Appendix D)
MH_EPSDT	EPSDT Costs (Sample in Appendix D)
MHINOUT	Inpatient/Outpatient Summary (Sample in Appendix D)
MH 1992DETAIL	MH 1992 Detail (Sample in Appendix D)

MH 1908***Supplemental State Resource Data – Preliminary Worksheet to the MH 1909s***

The purpose of the MH 1908 Supplemental State Resource Data worksheet is to identify the final allocation amounts for each program category and to identify the prior year rollover amounts. The data entered here automatically populates the MH 1909's for each program category.

First Table – Program and Final Allocation

Enter county's allocation amount for budget category from the county's Final Allocation Worksheet.

Second Table – Program Data by Fund Sources, Final Allocation and Prior Year Rollover Allocation

The first column is "Final Allocation". This column is automatically populated based on the information in the first table.

The second column is "Prior Year Rollover Allocation". Enter any rollover allocations from FY 2006-2007 by fund source.

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY SUPPLEMENTAL STATE RESOURCE DATA MH 1908 (05/08)		DEPARTMENT OF MENTAL HEALTH Fiscal Year 2007-2008	
County: 0 County Code: 0			
PROGRAM	FINAL ALLOCATION		
Community Services - Other Treatment			
Adult System of Care			
Children's Mental Health Services			
Community Services: Other Treatment for Mental Health Managed Care	\$0		
<i>Managed Care Subset</i>			
Mental Health Services AB 3632			
TOTAL COMMUNITY SERVICES	\$0		

PROGRAM DATA BY FUND SOURCES	FINAL ALLOCATION	PRIOR YEAR ROLLOVER ALLOCATION	
4440-101-0001 (1) Community Services - Other Treatment			
4440-101-0001 Adult System of Care			
4440-101-0001 (1.5) Children's Mental Health Services			
4440-103-0001 Community Services - Other Treatment for Mental Health Managed Care	\$0		
<i>Managed Care Subset</i>			
4440-104-0001 Mental Health Services AB 3632			
TOTAL FUND SOURCES	\$0	\$0	

Summary_Flow

COMMENT BOXES TO THE RIGHT OF THE SECOND TABLE

The comment box is designed to be your navigator in the process of completing the MH 1909 forms. If you enter data in the first table, the comment box will prompt and identify the form or forms for you to complete. On the second table, if you entered data on the rollover Column, you will be prompted to complete the identified MH 1909 form.

Community Services – Other Treatment:
Cost Report FYMH 1909_CSRV
Rollover FYMH 1909_CSRV_ROLL

Mental Health Services - AB3632:
Cost Report FYMH 1909_AB3632
Rollover FYMH 1909_AB3632

Adult Systems of Care:
Cost Report FYMH 1909_ASOC
Rollover FYMH 1909_ASOC_ROLL

Children's Mental Health Services:
Cost Report FYMH 1909_CSOC
Rollover FYMH 1909_CSOC_ROLL

MH 1909***Supplemental Cost Report Data by Program Category***

The objective of MH 1909 is to identify State General Fund (SGF) allocation and expenditures for specified budget item and program category funds. A separate MH 1909 is to be prepared for each program category fund and each program category fund rolled over from the previous fiscal year. Rollover expenditures are not current year Categorical Funds Allocations and should not be included in the Funding Sources portion of MH 1940.

Lines 1, 2, 3 – County Name, FY, Submission Date

No entry. The information is pulled from MH 1900_INFO_SUM.

Lines 4 and 5 – Budget Category, Budget Item Number

No entry. The information is hard coded to the individual worksheets.

Line 6 – SGF Allocation

No entry. This amount is pulled from MH 1908 from the second table and the Final Allocation Column.

Column A – Legal Entity Name

No entry. Each legal entity supported by appropriate Budget Program Category being reported. The legal entity name will be pulled from the MH 1900 Information Sheet the moment the legal entity number is entered.

Column B – Legal Entity Number

Enter five-digit number as assigned to Legal Entity.

Column C – Mode of Service

Enter two-digit code for appropriate Mode of Service.

Column D – Service Function

Enter two-digit code for appropriate Service Function.

Column E – Units of Service

Enter the Units of Service.

Column F – State Share of Net Cost

For each legal entity entry, enter the amount of allocated SGF expended on specified Budget Program Category, excluding amounts used as state match to FFP, which are included in Column G.

CFRS – 108

Column K – Other Fund Sources

Enter expenditures above the allocated SGF used to provide identified Budget Program Category services. This column should also include non-state general funds used to match FFP. However, for CSOC/EPSTD funds, this column can be above allocated SGF even if total allocated fund has not been expended. Please add an explanation line if above the allocated SGF amount. Other funds, such as the IDEA fund, should be reported in this column.

MH 1912***Supplemental Cost Report Data for Special Education Program (SEP)***

The objective of MH 1912 is to identify total SEP costs, regardless of funding source. The MH 1912 SEP will be used for reporting total program costs associated with the SEP mandate to the California Legislature and the California Department of Education (CDE). Additionally, for those counties submitting SB 90 Claims for this program, the MH 1912 SEP will be the supporting documentation for that claim.

Lines 1, 2, 3 – County Name, FY, Submission Date

No entry. The information is pulled from MH 1900_INFO_SUM.

Lines 4 and 5 – Budget Category, Budget Item Number

No entry. No information required at this time.

Line 6 – SGF Allocation

No entry. No information required at this time.

Column A – Legal Entity Name

No entry. This field is automatically populated when the Legal Entity Number is identified in Column B.

Column B – Legal Entity Number

Enter the five-digit number assigned to the legal entity, regardless of funding source.

Column C – Mode of Service

Enter the two-digit code for the appropriate Mode of Service.

Column D – Service Function

Enter the two-digit code for the appropriate Service Function.

Columns E through G – Units of Service

Units of Service are for services associated with the AB 3632 SEP program, regardless of funding source. AB 3632 services are only those services on the Individualized Education Plan (IEP). Any other service provided to an AB 3632 eligible child should not be included on the MH 1912 SEP. AB 3632 services begin with the mental health assessment after referral from the Local Education Agency pursuant to the IEP. Any pre-referral services are not considered AB 3632 services and should not be reported on the MH 1912 SEP. The total units of service should match the total units of service reported to CSI and identified as being part of an IEP for SEP. For Medi-Cal legal entities, the total units of service should match the SD/MC approved units of service provided to SEP clients.

Column E – Medi-Cal Units of Service

Enter the Medi-Cal Units of Service for the mode and service function for AB 3632 services.

Column F – Non-Medi-Cal Units of Service

Enter the Non-Medi-Cal Units of Service for the mode and service function for AB 3632 services.

Column G – Total Units of Service

No entry. This is the sum of Medi-Cal Units of Service (Column E) and Non-Medi-Cal Units of Service (Column F). Column G is the Total Units of Service associated with the provision of AB 3632 SEP, regardless of funding source.

Column H –Reimbursement Rate and Cost Per Unit

Enter on separate lines the reimbursement rate for Medi-Cal units used to determine FFP, and the cost per unit for Non-Medi-Cal units by mode and service function from the appropriate MH 1966, Lines 4 through 7.

Column I – Medi-Cal Costs – Total

No entry. This is the sum of Medi-Cal Units of Service (Column E) multiplied by Cost Per Unit (Column H).

Column J – Medi-Cal Costs – FFP

Enter the Medi-Cal FFP Costs for AB 3632 services for each legal entity and service function by multiplying the Total Medi-Cal Costs (Column I) by the FFP sharing ratio. This automatically populates the MH 1940, Line 12, Column B.

Column K – Medi-Cal Costs – County EPSDT Baseline

Enter the estimated county EPSDT baseline funds to be used as match for the FFP in Column J. This represents the amount of county EPSDT baseline funding related to AB 3632 services provided to Medi-Cal beneficiaries.

Column L – Medi-Cal Costs – EPSDT County Match for Growth

Enter the estimated EPSDT county matching funds for the growth in EPSDT State General Funds. This represents the amount of the required ten percent county match to growth in EPSDT SGF for AB 3632 services provided to Medi-Cal beneficiaries.

Column M – Medi-Cal Costs – EPSDT State General Funds

No entry. This is automatically populated from Medi-Cal Costs – Total (Column I) less the sum of Medi-Cal Costs – FFP (Column J), Medi-Cal Costs – EPSDT Baseline (Column K), and Medi-Cal Costs – EPSDT County Match for Growth (Column L). This represents the amount of EPSDT SGF for AB 3632 services provided to Medi-Cal beneficiaries.

Column N – Non-Medi-Cal Costs – Total

No entry. This is the sum of Non-Medi-Cal Units of Service (Column F) multiplied by the Cost Per Unit (Column H).

Column O – Non-Medi-Cal Costs – County Matching Funds

There is no match requirement in FY 2007-2008 for AB 3632. However, if county general funds are used to support the SEP program, enter the amount of County General Funds used. Document this in the 'Footnote' section, if this amount is included in the SB 90 claim.

Column P – Non-Medi-Cal Costs – State General Funds

Enter the amount of SGF used to support SEP Non-Medi-Cal Units of Service.

Column Q – Non-Medi-Cal Costs – Other Fund Sources

No entry. This is automatically calculated as the difference between the Total Non-Medi-Cal Costs (Column N) and the funding identified in Non-Medi-Cal Costs – County Matching Funds (Column O) and Non-Medi-Cal Costs – SGF (Column P). This should represent any other funds used to provide service for this program, such as County Office of Education/Special Education Local Plan Areas, realignment funds, patient fees, or any other fund source not identified in any of the other columns. A total amount for each fund source is to be provided in the 'Footnotes' section.

Column R – Total SEP Program Costs

No entry. This is automatically calculated as the Total Units of Service (Column G) multiplied by the Cost per Unit (Column H). This amount should also equal the sum of Total Medi-Cal Cost (Column I) and Non-Medi-Cal Cost (Column N).

NOTE: If other categorical program funds were used to support SEP costs, an explanation in the 'Footnotes' section is required. A copy of the County SB 90 claim for SEP is to be provided to confirm that total costs are included in both documents. Documentation in the 'Footnote' section is required if no County SB 90 claim is filed for SEP.

California Department of Mental Health, Local Program Financial Support

MH 1994***Report of Mental Health Managed Care Allocation and Expenditures***

The purpose of this form is to allow each county legal entity to report expenditures for Managed Care SGF allocation (4440-103-0001: Community Services – Outpatient Mental Health Services for Mental Health Managed Care).

FY 2006-2007 Rollover – Column A:**Line 1, FY 2006-2007 SGF Mental Health Contingency Reserve**

No entry. This amount automatically populated from the MH 1908 Supplemental State Resource Data sheet (Column E, Row 20). This amount represents Managed Care SGF for FY 2006-2007 not spent during that fiscal year and reserved for FY 2007-2008. (This line should be the same as FY 2006-2007 Cost Report, MH 1994, Line 10.)

Line 2a, FY 2006-2007 Contingency Reserve Expenditures for Inpatient Expenditures in FY 2007-2008

Enter FY 2006-2007 Managed Care Contingency Reserve SGF Inpatient expended during FY 2007-2008.

Line 2b, FY 2006-2007 Contingency Reserve Expenditures for Outpatient Expenditures in FY 2007-2008.

Enter FY 2006-2007 Managed Care Contingency Reserve SGF Outpatient expended during FY 2007-2008.

Line 3, SGF Mental Health Contingency Reserve

No entry. Line 1 minus Line 2.

FY 2007-2008 Allocation – Column A:**Line 4, SGF Managed Care Allocation**

No entry. This line is automatically populated from MH 1908 Supplemental State Resource Data sheet, 4440-103-0001 “Community Services – Outpatient Mental Health Services for Mental Health Managed Care.”

Line 5, SGF Mental Health Contingency Reserve Rollover Expenditures

No entry. This line picks up from Line 3.

Line 6, FFS/MC Expenditures Acute Inpatient Hospital Days

Enter SGF portion of FFS/MC expenditures for Acute Psychiatric Inpatient Hospital days.

Line 7, FFS/MC Expenditures Inpatient Hospital Administrative Days

Enter SGF portion of FFS/MC expenditures for Inpatient Hospital Administrative days.

Line 8, FFS/MC Expenditures Outpatient Mental Health Services

Enter the expenditures for Managed Care SGF allocation used to match FFS/MC expended for Outpatient Mental Health Services.

Line 9, State General Fund Expenditures Other Mental Health Services

Enter the portion of FY 2007-2008 Managed Care SGF allocation used to fund Other Mental Health Services expenditures.

Line 10, State General Fund Mental Health Contingency Reserve

Enter portion of FY 2007-2008 Managed Care SGF allocation that was not expended during the FY 2007-2008 and is held as contingency reserve to be rolled over for expenditure during FY 2008-2009.

Line 11, Unexpended/Uncommitted State General Fund Balance

No entry. This line sums Lines 4 through 9. The amount listed on this line is the amount that the county identifies as unexpended during FY 2007-2008 and does not intend to rollover into FY 2008-2009.

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY		DEPARTMENT OF MENTAL HEALTH	
REPORT OF MENTAL HEALTH MANAGED CARE ALLOCATION AND EXPENDITURES MH 1994 (05/08)		Fiscal Year 2007-2008	
COUNTY OF:	0		
COUNTY CODE:	0		
DATE COMPLETED:			
		A	
		State General Fund	
FY 2006-2007 Rollover			
1)	FY 2006-2007 SGF Mental Health Contingency Reserve	0	
	Less		
2a)	FY 2006-2007 Contingency Reserve Expenditures for Inpatient Hospital Services in FY 2007-2008		
	Less		
2b)	FY 2006-2007 Contingency Reserve Expenditures for Outpatient Mental Health Services in FY 2007-2008		
3)	Total SGF Mental Health Contingency Reserve	0	
FY 2007-2008 Allocation			
4)	FY 2007-2008 SGF Managed Care Allocation	0	
	Plus		
5)	FY 2006-2007 SGF Mental Health Contingency Reserve Rollover Expenditures (Line 3)	0	
	Less		
6)	FY 2007-2008 FFS/MC Expenditures Acute Inpatient Hospital Days		
	Less		
7)	FY 2007-2008 FFS/MC Expenditures Inpatient Hospital Administrative Days		
	Less		
8)	FY 2007-2008 FFS/MC Expenditures Outpatient Mental Health Services		
	Less		
9)	Other FY 2007-2008 State General Fund Expenditures Other Mental Health Services		
	Less		
10)	FY 2007-2008 State General Fund Mental Health Contingency Reserve		
	Total		
11)	FY 2007-2008 Unexpended/Uncommitted State General Fund Balance	0	
<div style="border: 1px solid black; padding: 2px; display: inline-block;">Summary_Flow</div>			

MH 1995***Report of Mental Health Services Act (MHSA) Distribution and Expenditures***

The purpose of this form is to allow each county legal entity to report expenditures for MHSA distribution.

Prior Years Distribution – Column A:**Line 1, Prior Years Unexpended Mental Health Services Act Balance**

Enter the distribution amount balance received for the MHSA for FY 2006-2007.

Line 2, Prior Years Mental Health Services Act Expenditures

No entry. (Field shaded for FY 2007-2008.)

Line 3, Prior Years Unexpended Mental Health Services Act Balance

No entry. This line sums Lines 1 and 2. The amount listed on this line is the amount that the county identifies as unexpended MHSA Balance.

FY 2007-2008 Distribution – Column A:**Line 4, FY 2007-2008 Mental Health Services Act Distribution**

Enter the distribution amount received for the MHSA for FY 2007-2008.

Line 5, FY 2007-2008 Interest Earned on Mental Health Services Act

Enter interest earned on MHSA Distribution for the FY 2007-2008.

Line 6, FY 2007-2008 Mental Health Services Act Balance

No entry. This line picks up from Line 3.

Line 7, FY 2007-2008 Mental Health Services Act Expenditures

Enter MHSA expenditures in FY 2007-2008.

Line 8, FY 2007-2008 Unexpended Mental Health Services Act

No entry. The amount listed on this line is the amount that the county identifies as unexpended MHSA during FY 2007-2008.

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY

DEPARTMENT OF MENTAL HEALTH

**REPORT OF MENTAL HEALTH SERVICES ACT (MHSA)
DISTRIBUTION AND EXPENDITURES
MH 1995 (05/08)**

Fiscal Year 2007-2008

COUNTY OF: 0

COUNTY CODE: 0

DATE COMPLETED:

Prior Years Balance

		A
1)	Prior Years Mental Health Services Act Balance	
2)	Less Prior Years Mental Health Services Act Expenditures	
3)	Total Prior Years Unexpended Mental Health Services Act Balance	\$

FY 2007-2008 Distribution

4)	FY 2007-2008 Mental Health Services Act Distribution	
5)	Plus: Interest Earned on Mental Health Services Act FY 2007-2008	
6)	Plus: Prior Years Unexpended Mental Health Services Act Balance (Line 3)	\$
7)	Less FY 2007-2008 Mental Health Services Act Expenditures	
8)	Total FY 2007-2008 Unexpended Mental Health Services Act Funding	\$

- 4) Enter current year Mental Health Services Act Distribution.
 5) Enter Interest Earned on Mental Health Services Act Distribution.
 6) No entry, this line is picked up from line 3 above.
 7) Enter the amount of Mental Health Services Act expenditures for the current year.
 8) Unexpended Mental Health Services Act to be used for future periods.

MH 1940***Year End Cost Report***

The purpose of this form is to allow each county's local mental health agency to report countywide mental health expenditures and revenues. This form is a summary of cost reports from all legal entities within the county, and information reported is certified by the county's local mental health director and county's auditor-controller as being true and correct. Information on this form is considered local mental health agency's claim for reimbursement and serves as the basis for year-end cost settlement with the State Department of Mental Health. MH 1940's without the appropriate signatures will be considered incomplete.

Column A, Line 1

No entry. Total mental health expenditures and revenues except Medi-Cal, i.e., MH 1992, Column J, Line 3 minus sum of: (a) FFP (MH 1979, Column J, Line 23 plus Line 27); (b) match for FFP (calculated from MH 1979); and (c) MH 1968, Columns E and K, Lines 28, 28A, 29, 30, and 31, for all legal entities.

Column B, Line 1

No entry. Total Medi-Cal related dollars, i.e., sum of: (a) FFP (MH 1979, Column J, Line 23 plus Line 27); (b) match for FFP (calculated from MH 1979); and (c) MH 1968, Columns E and K, Lines 28, 28A, 29, 30, and 31, for all legal entities.

Column C, Line 1

No entry. Sum of Columns A and B, Line 1. This amount should equal total of MH 1992, Line 3, for all legal entities.

Column A, Line 2

No entry. All funding sources except SD/MC (FFP and State Match), SD/MC-related patient and other payor revenues, and SGF (State and County share and Mental Health Managed Care) for all legal entities, plus any categorical funds used as a match for FFP, i.e., MH 1992, Column J, Line 3 minus Lines 11, 12, 15, 16 and 17 minus match for FFP, calculated on the MH 1979 box (located in the lower right hand corner), minus MH 1968, Columns E and K, Lines 28, 28A, 29, 30 and 31, all legal entities, plus amount on MH 1909, Column G, Line 8.

NOTE: If categorical funds (e.g. SEP) were used as a match for FFP amount reflected on MH 1909, Column G, Line 8 is added as part of the calculation for this line.

Column B, Line 2

No entry. Match for FFP plus patient and other payor revenues, i.e., sum of: (a) match for FFP calculated from MH 1979 (shown on list of Information worksheet), and (b) MH 1968, Columns E and K, Lines 28, 28A, 29, 30, and 31, for all legal entities.

Column C, Line 2

No entry. Sum of Columns A and B, Line 2.

Column A, Line 3

No entry. Subtracts Column A, Line 2 from Column A, Line 1.

Column B, Line 3

No entry. Subtracts Column B, Line 2, from Column B, Line 1.

Column C, Line 3

No entry. Sum of Columns A and B, Line 3 or subtraction of Column C, Line 2 from Column C, Line 1.

Column A, Line 4

No entry. County share from MH 1909 Summary.

Column C, Line 4

No entry. Column A, Line 4.

Column A, Line 5

No entry. Subtracts Column A, Line 4 from Column A, Line 3.

Column B, Line 5

No entry. This line is populated from Column B, Line 3. This amount should equal MH 1992, Column J, Line 11 and 12, for all legal entities.

Column C, Line 5

No entry. Subtracts Column C, Line 4 from Column C, Line 3 or sum of Columns A and B, Line 5.

Column A, Line 6

No entry. SGF used as FFP match (from MH 1909 Summary).

Column C, Line 6

No entry. This line is populated from Column A, Line 6.

Column A, Line 7

No entry. Sum of Column A, Line 5 plus Line 6.

Column B, Line 7

No entry. This line is populated from Column B, Line 5. Amount should equal MH 1992, Column J, Lines 11 and 12, for all legal entities.

Column C, Line 7

No entry. Sum of Columns A and B, Line 7 or Column C, Line 5 plus Line 6.

NOTE – Instructions for Lines 9 through 13: Source documents for these figures are FY 2007-2008 Final Allocation Worksheet; MH 1909 Funding Source Summary; MH 1994 Report of Mental Health Managed Care Allocation and Expenditures for FY 2007-2008.

Column A, Line 8

No entry.

Column A, Lines 9 through 11

No entry. Automatically references total SGF expended for each funding source up to the allocated amount from Column H, Line 8.

Column A, Line 12

No entry.

Column A, Line 13

No entry. Automatically references amount of FY 2007-2008 Community Services – Managed Care allocation spent on “Outpatient Mental Health Services” from MH 1994, Column A, Line 8.

Column B, Line 8

Enter other FFP funds not matched by SGF identified in Lines 9 through 12, Column A.

Column B, Lines 9 through 12

No entry. For each identified Budget Act Line Item Program expenditure (Lines 9 through 12), total FFP matched in part by the SGF in Column A automatically references the appropriate Column cell from MH 1909. The FFP difference between total FFP in Line 7, Column B and the aggregate of Lines 9 through 12 is entered in Line 8, Other Funds.

Column B, Line 13

Justification is required for entry on this line.

Column A, Line 14

No entry. Amount must equal Column A, Line 7.

Column B, Line 14

No entry. Amount must equal Column B, Line 7.

Columns A and C, Line 15

No entry. Amount is FY 2007-2008 Community Services – Managed Care allocation spent on Fee-For-Service/Medi-Cal (FFS/MC) Hospital Inpatient Services (i.e., MH 1994, Column A, sum of Lines 6 and 7).

Columns A and C, Line 16

No entry. FY 2007-2008 EPSDT SD/MC – State Share estimate from MH 1992, Column J, Line 19, for all legal entities.

Column C, Lines 8 through 16

No entry. Sum of Columns A and B.

**CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY
YEAR-END COST REPORT
MH 1940 (05/08)**
DEPARTMENT OF MENTAL HEALTH
Fiscal Year 2007-2008

COUNTY OF: 0

FISCAL YEAR ENDING

COUNTY CODE: 0

JUNE 30, 2008

ADDRESS: 0

0

0

PREPARED BY: 0

PHONE: 0

Date Completed:

NOTE: AMOUNTS SHOULD BE WHOLE DOLLARS	A	B	C	
	STATE GENERAL FUND	M/C & HF/FED SHARE	TOTAL	
1. TOTAL EXPENDITURE	\$ 0	\$ 0	\$ 0	OK
2. LESS: REVENUE	(0)	(0)	(0)	
3. SUBTOTAL	0	0	0	
4. LESS: COUNTY SHARE (PER MH 1909)	(0)		(0)	
5. SUBTOTAL NET COUNTY COSTS SUBJECT TO REIMBURSEMENT	0	0	0	OK
6. PLUS: SGF USED AS FFP MATCH (INCLUDED IN LINE 2, COL.2)	0		0	
7. TOTAL NET COUNTY COSTS SUBJECT TO REIMBURSEMENT	\$ 0	\$ 0	\$ 0	
FUNDING SOURCES: 4440-				
8. OTHER FUNDS	0	0	\$ 0	
9. 101-0001 (1) COMMUNITY SERVICES - OTHER TREATMENT	0	0	\$ 0	
10. 101-0001 ADULT SYSTEM OF CARE	0	0	0	
11. 101-0001 (1.5) CHILDREN'S MENTAL HEALTH SERVICES	0	0	0	
12. 104-0001 MENTAL HEALTH SERVICES AB 3632	0	0	0	
13. 103-0001 COMMUNITY SERVICES - OUTPATIENT FOR MENTAL HEALTH MANAGED CARE	0	0	0	
14. GRAND TOTAL, ALL SOURCES (Must Agree with Line 7)	\$ 0	\$ 0	\$ 0	
15. 103-0001 COMMUNITY SERVICES - INPATIENT FOR MENTAL HEALTH MANAGED CARE	\$ 0		\$ 0	
16. EPSDT SD/MC - STATE SHARE ESTIMATE	\$ 0		\$ 0	

Summary_Flow

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APPENDICES

APPENDIX A

Sample Detail Cost Report (County Legal Entity)

No text this page.

State of California Health and Human Services Agency DETAIL COST REPORT INFORMATION SHEET MH1900 (Rev. 5/08)	Department of Mental Health FISCAL YEAR 2007 - 2008
---	--

SECTION I: ALL LEGAL ENTITIES:
All Legal Entities are to complete Section I.

Name of Preparer:	Cost Reporter
Date:	Current Date
Legal Entity Name:	Prop 63
Legal Entity Number:	00087
County:	California
County Code:	87
Is this a County Legal Entity Report? (Y or N)	Yes ▼
Are you reporting SD/MC? (Y or N)	Yes ▼

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SECTION II: COUNTY LEGAL ENTITY ONLY:
Only County Legal Entities are to Complete Section II.

Address:	912 Direct Cost Way Sacramento, CA 99999
Phone Number:	(911) 911-0911
County Population: Over 125,000? (Y or N)	Yes ▼

Contract Provider Medi-Cal Direct Service Gross Reimbursement
(Used to populate MH1979 Line 2)

Inpatient Services	\$	2,071,820
Outpatient Services	\$	6,745

Contract Provider Healthy Families Direct Service Gross Reimbursement
(Used to populate MH1979 Line 7)

Inpatient Services	\$	-
Outpatient Services	\$	-

Total State Share of SD/MC Cost:	\$	2,600,776
----------------------------------	----	-----------

Fee For Service - Mental Health Specialty
Provider Numbers For Individual and Group Mode&SF -->

Legal Entity Number (FFS):	00F85	
Psychiatrist:	7288	
Psychologist:	7289	
Mixed Specialty Group:	7290	
RN:		
LCSW:		
MFCC (MFT):		

Adjust Medi-Cal FFP Due to Contract Limitation
(Used to populate MH1979 Line 22J)

Mode 05 - Hospital Inpatient Services		
Mode 05 - Other 24 Hour Services		
Mode 10 - Day Services		
Mode 15 - Outpatient Services		
Contract Limitation Adjustment Total	\$	-

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State of California Health and Human Services Agency				Department of Mental Health			
DETAIL COST REPORT							
SCHEDULE OF STATEWIDE MAXIMUM ALLOWANCES, NEGOTIATED RATES AND PUBLISHED CHARGES							
MH 1901 SCHEDULE A (Rev. 5/08)				FISCAL YEAR 2007 - 2008			
Entity Name: <u>Prop 63</u>				Entity Number: <u>00087</u>			
Fiscal Year: <u>2007 - 2008</u>				07/01/07 - 02/29/08			
	A	B	C	D	E	F	G
SERVICE FUNCTION	MODE	SERVICE FUNCTION CODE	SMA	STATE APPROVED (NR)	PUBLISHED CHARGE	COUNTY NON M/C CONTRACT RATE	RATE FOR ALLOCATION
A. 24 - HOUR SERVICES							
1 Hospital Inpatient	05	10 - 18	\$1,035.57		\$925.50		\$0.00
2 Hospital Administrative Day	05	19	\$311.32		\$294.45		\$0.00
3 Psychiatric Health Facility (PHF)	05	20 - 29	\$555.20		\$510.10		\$0.00
4 SNF Intensive	05	30 - 34					\$0.00
5 IMD Basic (No Patch)	05	35					\$0.00
6 IMD (With Patch)	05	36 - 39					\$0.00
7 Adult Crisis Residential	05	40 - 49	\$313.08				\$0.00
8 Jail Inpatient	05	50 - 59					\$0.00
9 Residential Other	05	60 - 64					\$0.00
10 Adult Residential	05	65 - 79	\$152.71				\$0.00
11 Semi - Supervised Living	05	80 - 84					\$0.00
12 Independent Living	05	85 - 89					\$0.00
13 MH Rehab Centers	05	90 - 94					\$0.00
B. DAY SERVICES							
14 Crisis Stabilization Emergency Room	10	20 - 24	\$97.19		\$92.00		\$0.00
15 Urgent Care	10	25 - 29	\$97.19		\$92.00		\$0.00
16 Vocational Services	10	30 - 39					\$0.00
17 Socialization	10	40 - 49					\$0.00
18 SNF Augmentation	10	60 - 69					\$0.00
19 Day Treatment Intensive Half Day	10	81 - 84	\$148.17		\$138.95		\$0.00
20 Full Day	10	85 - 89	\$208.10		\$196.20		\$0.00
21 Day Rehabilitation Half Day	10	91 - 94	\$86.43				\$0.00
22 Full Day	10	95 - 99	\$134.91		\$124.95		\$0.00
C. OUTPATIENT SERVICES							
23 Case Management, Brokerage	15	01 - 09	\$2.08		\$1.89		\$0.00
24 Mental Health Services	15	10 - 19	\$2.68		\$2.51		\$0.00
25 Mental Health Services	15	30 - 59	\$2.68		\$2.51		\$0.00
26 Medication Support	15	60 - 69	\$4.96		\$4.57		\$0.00
27 Crisis Intervention	15	70 - 79	\$3.99		\$3.68		\$0.00
D. OUTREACH SERVICES							
28 Mental Health Promotion	45	10 - 19					\$0.00
29 Community Client Services	45	20 - 29					\$0.00
E. MEDI-CAL ADMINISTRATIVE ACTIVITIES							
30 Medi-Cal Outreach	55	01 - 03		MEDI-CAL ELIGIBILITY FACTOR			
31 Medi-Cal Eligibility Intake	55	04 - 06		Quarter 1	48.00%		
32 Medi-Cal Contract Administration	55	07 - 08		Quarter 2	45.00%		
33 MAA Coordination and Claims Administration	55	09		Quarter 3	68.00%		
34 Referral - Crisis, Non-Open Case	55	11 - 13		Quarter 4	46.00%		
35 MH Services Contract Administration	55	14 - 16		Average	51.75%		
36 Discounted Mental Health Outreach	55	17 - 19					
37 SPMP Case Management, Non-Open Case	55	21 - 23					
38 SPMP Program Planning and Development	55	24 - 26					
39 SPMP MAA Training	55	27 - 29					
40 Non-SPMP Case Management, Non-Open Case	55	31 - 34					
41 Non-SPMP Program Planning and Development	55	35 - 39					
F. SUPPORT SERVICES							
42 Conservatorship							
Investigation	60	20 - 29					\$0.00
43 Administration	60	30 - 39					\$0.00
44 Life Support/Board & Care	60	40 - 49					\$0.00
45 Case Management Support	60	60 - 69					\$0.00
46 Client Housing Support Expenditures	60	70					\$0.00
47 Client Housing Operating Expenditures	60	71					\$0.00
48 Client Flexible Support Expenditures	60	72					\$0.00
48 Non Medi-Cal Capital Assets	60	75					\$0.00
48 Other Non Medi-Cal Client Support Expenditures	60	78					\$0.00

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State of California Health and Human Services Agency				Department of Mental Health			
DETAIL COST REPORT							
SCHEDULE OF STATEWIDE MAXIMUM ALLOWANCES, NEGOTIATED RATES AND PUBLISHED CHARGES							
MH 1901 SCHEDULE A Supplement (Rev. 5/08)				FISCAL YEAR 2007 - 2008			
Entity Name: <u>Prop 63</u>				Entity Number: <u>00087</u>			
Fiscal Year: <u>2007 - 2008</u>				03/01/08 - 06/30/08			
	A	B	C	D	E	F	G
SERVICE FUNCTION	MODE	SERVICE FUNCTION CODE	SMA	STATE APPROVED (NR)	PUBLISHED CHARGE	COUNTY NON M/C CONTRACT RATE	RATE FOR ALLOCATION
A. 24 - HOUR SERVICES							
1 Hospital Inpatient	05	10 - 18	\$1,035.57		\$925.50		\$0.00
2 Hospital Administrative Day	05	19	\$311.32		\$294.45		\$0.00
3 Psychiatric Health Facility (PHF)	05	20 - 29	\$555.20		\$510.10		\$0.00
4 SNF Intensive	05	30 - 34					\$0.00
5 IMD Basic (No Patch)	05	35					\$0.00
6 IMD (With Patch)	05	36 - 39					\$0.00
7 Adult Crisis Residential	05	40 - 49	\$313.08				\$0.00
8 Jail Inpatient	05	50 - 59					\$0.00
9 Residential Other	05	60 - 64					\$0.00
10 Adult Residential	05	65 - 79	\$152.71				\$0.00
11 Semi - Supervised Living	05	80 - 84					\$0.00
12 Independent Living	05	85 - 89					\$0.00
13 MH Rehab Centers	05	90 - 94					\$0.00
B. DAY SERVICES							
14 Crisis Stabilization Emergency Room	10	20 - 24	\$94.54		\$92.00		\$0.00
15 Urgent Care	10	25 - 29	\$94.54		\$92.00		\$0.00
16 Vocational Services	10	30 - 39					\$0.00
17 Socialization	10	40 - 49					\$0.00
18 SNF Augmentation	10	60 - 69					\$0.00
19 Day Treatment Intensive Half Day	10	81 - 84	\$144.13		\$138.95		\$0.00
20 Full Day	10	85 - 89	\$202.43		\$196.20		\$0.00
21 Day Rehabilitation Half Day	10	91 - 94	\$84.08				\$0.00
22 Full Day	10	95 - 99	\$131.24		\$124.95		\$0.00
C. OUTPATIENT SERVICES							
23 Case Management, Brokerage	15	01 - 09	\$2.02		\$1.89		\$0.00
24 Mental Health Services	15	10 - 19	\$2.61		\$2.51		\$0.00
25 Mental Health Services	15	30 - 59	\$2.61		\$2.51		\$0.00
26 Medication Support	15	60 - 69	\$4.82		\$4.57		\$0.00
27 Crisis Intervention	15	70 - 79	\$3.88		\$3.68		\$0.00
D. OUTREACH SERVICES							
28 Mental Health Promotion	45	10 - 19					\$0.00
29 Community Client Services	45	20 - 29					\$0.00
E. MEDI-CAL ADMINISTRATIVE ACTIVITIES							
30 Medi-Cal Outreach	55	01 - 03		MEDI-CAL ELIGIBILITY FACTOR			
31 Medi-Cal Eligibility Intake	55	04 - 06		Quarter 1			
32 Medi-Cal Contract Administration	55	07 - 08		Quarter 2			
33 MAA Coordination and Claims Administration	55	09		Quarter 3			
34 Referral - Crisis, Non-Open Case	55	11 - 13		Quarter 4			
35 MH Services Contract Administration	55	14 - 16		Average			
36 Discounted Mental Health Outreach	55	17 - 19					
37 SPMP Case Management, Non-Open Case	55	21 - 23					
38 SPMP Program Planning and Development	55	24 - 26					
39 SPMP MAA Training	55	27 - 29					
40 Non-SPMP Case Management, Non-Open Case	55	31 - 34					
41 Non-SPMP Program Planning and Development	55	35 - 39					
F. SUPPORT SERVICES							
42 Conservatorship							
Investigation	60	20 - 29					\$0.00
Administration	60	30 - 39					\$0.00
44 Life Support/Board & Care	60	40 - 49					\$0.00
45 Case Management Support	60	60 - 69					\$0.00
46 Client Housing Support Expenditures	60	70					\$0.00
47 Client Housing Operating Expenditures	60	71					\$0.00
48 Client Flexible Support Expenditures	60	72					\$0.00
48 Non Medi-Cal Capital Assets	60	75					\$0.00
48 Other Non Medi-Cal Client Support Expenditures	60	78					\$0.00

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State of California Health and Human Services Agency

Department of Mental Health

DETAIL COST REPORT

WORKSHEET FOR UNITS OF SERVICE AND REVENUE BY MODE AND SERVICE FUNCTION

MH 1901 SCHEDULE B (Rev. 5/08)

FISCAL YEAR 2007 - 2008

Entity Name: Prop 63Entity Number: 00087Fiscal Year: 2007 - 2008**07/01/07 - 02/29/08**

Settlement Types	CR - Cost Reimburse	MAA - Medi-Cal Administrative Activities
	NR - Negotiated Rate	MHS - Mental Health Specialty
	TBS - Therapeutic Behavioral Services	ISA - Integrated Service Agency
	ASO - Administrative Services Organization	CAW - CALWORKS Services

A	B	C	D	E	G	H	J	K	M	O	P	Q	R	T	U
				SD/MC DATA		MEDICARE/MEDI-CAL CROSSOVER DATA		MEDI-CAL PATIENT AND OTHER PAYOR DATA	ENHANCED SHORT DOYLE MEDI-CAL DATA				HEALTHY FAMILIES (SED) DATA		
Settlement Type	Mode	SF	Total Units of Service	Units	Total Units	Units	Total Medicare/SD/MC Crossover Units	Revenue	Units (Children)	3rd Party Revenue (Children)	Units (Refugees)	3rd Party Revenue (Refugees)	Units	3rd Party Revenue	Non Medi-Cal Units
1	CR	05	10	350	150	150	20	\$ 10,000	25						155
2	CR	05	20	150	50	50									100
3	CR	10	20	10,000	2,000	2,000									8,000
4	CR	10	81	8,000	1,000	1,000	300		50				200		6,450
5	CR	10	95	15,000	6,000	6,000									9,000
6	CR	15	01	500,000	200,000	200,000		\$ 20,000							300,000
7	MHS	15	04	55,000	30,000	30,000									25,000
8	ASO	15	10	175,000	150,000	150,000									25,000
9	TBS	15	58	50,000	20,000	20,000									30,000
10	CR	15	60	700,000	350,000	350,000									350,000
11	CR	15	70	600,000	350,000	350,000									250,000
12	MAA	55	01	20,000	15,000	15,000									5,000
13	MAA	55	30	25,000	7,000	7,000									18,000
14	CR	05	19	400	250	250									150
15	CR	60	70	1											1
16	CR	60	75	1											1
17															
18															
19															
20															
21															
22															
23															
24															
25															
Totals				2,158,902	1,131,450	1,131,450	320	\$ 30,000	75				200		1,026,857

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MH1961 >>
MEDI-CAL
ADJUSTMENTS TO
COSTS

MH1962 >>
OTHER COSTS

MH1963 >>
PAYMENT TO
CONTRACT PROVIDERS

MH1960 >>
CALCULATION OF
PROGRAM COSTS

State of California Health and Human Services Agency

Department of Mental Health

DETAIL COST REPORT

WORKSHEET FOR UNITS OF SERVICE AND REVENUE BY MODE AND SERVICE FUNCTION

MH 1901 SCHEDULE B Supplement (Rev. 5/08)

FISCAL YEAR 2007 - 2008

Entity Name: Prop 63Entity Number: 00087Fiscal Year: 2007 - 2008**03/01/08 - 06/30/08**

Settlement Types	CR - Cost Reimburse	MAA - Medi-Cal Administrative Activities
	NR - Negotiated Rate	MHS - Mental Health Specialty
	TBS - Therapeutic Behavioral Services	ISA - Integrated Service Agency
	ASO - Administrative Services Organization	CAW - CALWORKS Services

A	B	C	D	F	G	I	J	L	N	O	P	Q	S	T	U
				SD/MC DATA		MEDICARE/MEDI-CAL CROSSOVER DATA		MEDI-CAL PATIENT AND OTHER PAYOR DATA	ENHANCED SHORT DOYLE MEDI-CAL DATA				HEALTHY FAMILIES (SED) DATA		
Settlement Type	Mode	SF	Total Units of Service	Units	Total Units	Units	Total Medicare/SD/MC Crossover Units	REVENUE	Units (Children)	3rd Party Revenue (Children)	Units (Refugees)	3rd Party Revenue (Refugees)	Units	3rd Party Revenue	Non Medi-Cal Units
1	CR	05	10	350	50	50									300
2	CR	05	20	150	25	25									125
3	CR	10	20	10,000	5,000	5,000									5,000
4	CR	10	81	8,000	5,000	5,000									3,000
5	CR	10	95	15,000	5,000	5,000									10,000
6	CR	15	01	500,000	150,000	150,000							100		349,900
7	MHS	15	04	55,000	25,000	25,000									30,000
8	ASO	15	10	175,000	25,000	25,000									150,000
9	TBS	15	58	50,000	30,000	30,000									20,000
10	CR	15	60	700,000	150,000	150,000									550,000
11	CR	15	70	600,000	125,000	125,000									475,000
12	MAA	55	01	20,000	5,000	5,000									15,000
13	MAA	55	30	25,000	18,000	18,000									7,000
14	CR	05	19	400	150	150									250
15	CR	60	70	1											1
16	CR	60	75	1											1
17															
18															
19															
20															
21															
22															
23															
24															
Totals				2,158,902	543,225	543,225							100		1,615,577

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MEDI-CAL
ADJUSTMENTS TO
COSTS

MH1962 >>
OTHER COSTS

MH1963 >>
PAYMENT TO
CONTRACT PROVIDERS

MH1960 >>
CALCULATION OF
PROGRAM COSTS

State of California Health and Human Services Agency					Department of Mental Health			
DETAIL COST REPORT								
CALCULATION OF SHORT-DOYLE/MEDI-CAL FOR FY 2007 - 2008 HOSPITAL ADMINISTRATIVE DAYS								
MH 1991 (Rev. 5/08)					FISCAL YEAR 2007 - 2008			
COUNTY NAME: California		LEGAL ENTITY			NAME: Prop 63			
COUNTY CODE: 87					NUMBER: 00087			
A	B	C	D	E	F	G	H	I
Settlement Group	PROVIDER NUMBER	SMA RATE	PERIOD OF SERVICE	ADMIN DAYS	SUBTOTAL AMOUNT	PHYSICIAN COSTS	ANCILLARY COSTS	TOTAL AMOUNT
SD/MC	2133	\$310.68	07/01/07 - 07/31/07	250	\$ 77,670	\$11,400	\$5,000	\$94,070
	2133	\$318.19	08/01/07 - 09/30/07	150	\$ 47,729	\$15,000	\$7,500	\$70,229
		\$318.19	10/01/07 - 12/31/07					
		\$318.19	01/01/08 - 06/30/08					
							Sub Total:	\$ 164,299
Children EMC		\$310.68	07/01/07 - 07/31/07					
		\$318.19	08/01/07 - 09/30/07					
		\$318.19	10/01/07 - 12/31/07					
		\$318.19	01/01/08 - 06/30/08					
							Sub Total:	
Refugees EMC		\$310.68	07/01/07 - 07/31/07					
		\$318.19	08/01/07 - 09/30/07					
		\$318.19	10/01/07 - 12/31/07					
		\$318.19	01/01/08 - 06/30/08					
							Sub Total:	
Healthy Families		\$310.68	07/01/07 - 07/31/07					
		\$318.19	08/01/07 - 09/30/07					
		\$318.19	10/01/07 - 12/31/07					
		\$318.19	01/01/08 - 06/30/08					
							Sub Total:	
GRAND TOTAL					\$ 125,399	\$ 26,400	\$ 12,500	\$ 164,299

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CFRS Appendix A-7

State of California Health and Human Services Agency

Department of Mental Health

DETAIL COST REPORT

OTHER ADJUSTMENTS

MH 1962 (Rev. 5/08)

FISCAL YEAR 2007 - 2008

County: California
County Code: 87

Legal Entity: Prop 63		A	B	C
Legal Entity Number: 00087		Salaries and Benefits	Other	Total Adjustments
1	Drug and Alcohol	(1,500,000)	(500,000)	(2,000,000)
2	Year End Adjustments	750,000	1,250,000	2,000,000
3	Prior Year Adjustments	950,000	1,050,000	2,000,000
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20	Total Adjustments	200,000	1,800,000	2,000,000

Crosscheck
2,000,000 **OK**

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State of California Health and Human Services Agency		Department of Mental Health	
DETAIL COST REPORT			
PAYMENTS TO CONTRACT PROVIDERS			
MH 1963 (Rev. 5/08)			
FISCAL YEAR 2007 - 2008			
County: California			
County Code: 87			
A	B	C	D
Item	Legal Entity Name	Legal Entity Number	Amount Paid
1	Children Rescue Network	00895	387,600
2	Mental Health Foundation, Inc	00899	275,400
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
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47			
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49			
50	Total Payments to Contract Providers		663,000

State of California Health and Human Services Agency

Department of Mental Health

DETAIL COST REPORT

CALCULATION OF PROGRAM COSTS

MH 1960 (Rev. 5/08)

FISCAL YEAR 2007 - 2008

County: California
County Code: 87

Legal Entity: Prop 63		A	B	C
Legal Entity Number: 00087		Salaries and Benefits	Other	Total Costs
1	Mental Health Expenditures	10,000,000	7,767,835	17,767,835
2	Encumbrances	100,000	(5,537,000)	(5,437,000)
3	Less: Payments to Contract Providers (County Only)		(663,000)	(663,000)
4	Other Adjustments from MH 1962	200,000	1,800,000	2,000,000
5	Total Costs Before Medi-Cal Adjustments	10,300,000	3,367,835	13,667,835
6	Medi-Cal Adjustments from MH 1961		(250,000)	(250,000)
7	Managed Care Consolidation (County Only)			
8	Allowable Costs for Allocation			13,417,835
	Administrative Costs (County Only)			
9	SD/MC Administration			800,000
10	Healthy Families Administration			50,000
11	Non-SD/MC Administration			350,000
12	Total Administrative Costs			1,200,000
	Utilization Review Costs (County Only)			
13	Skilled Professional Medical Personnel			100,000
14	Other SD/MC Utilization Review			80,000
15	Non-SD/MC Utilization Review			70,000
16	Total Utilization Review Costs			250,000
17	Research and Evaluation (County Only)			
18	Mode Costs (Direct Service and MAA)			11,967,835
19	Total Costs - Lines 9 through 18			13,417,835

Crosscheck11,967,835 **OK**13,417,835 **OK**

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<< MH1963

State of California Health and Human Services Agency

Department of Mental Health

DETAIL COST REPORT

SUPPORTING DOCUMENTATION FOR THE METHOD USED TO ALLOCATE

TOTALS TO MODE OF SERVICE & SERVICE FUNCTION

MH 1901 SCHEDULE C (Rev. 5/08)

FISCAL YEAR 2007 - 2008

Entity Name: Prop 63

Entity Number: 00087

Fiscal Year: 2007 - 2008

Allocation

☐ Rate for Allocation ☐ SMA Rate

☐ Published Charges ☒ Directly Allocated

COSTS TO BE ALLOCATED

Allowable Mode Costs (MH1960 Line 18, Col. C) 11,967,835

A	B	C	D	E	F	G	H	I
Settlement Type	Mode	SF	Total Units	Eligible Direct Cost	Directly Allocated Data	Relative Value	Allocation %	Allocated Cost
1	CR	05	10	350	161,612	N/A	1.49%	161,612
1S	CR	05	10	350	161,613	N/A	1.49%	161,613
2	CR	05	20	150	38,325	N/A	0.35%	38,325
2S	CR	05	20	150	38,325	N/A	0.35%	38,325
3	CR	10	20	10,000	456,250	N/A	4.21%	456,250
3S	CR	10	20	10,000	456,250	N/A	4.21%	456,250
4	CR	10	81	8,000	553,480	N/A	5.11%	553,480
4S	CR	10	81	8,000	553,480	N/A	5.11%	553,480
5	CR	10	95	15,000	939,525	N/A	8.67%	939,525
5S	CR	10	95	15,000	939,525	N/A	8.67%	939,525
6	CR	15	01	500,000	475,000	N/A	4.38%	475,000
6S	CR	15	01	500,000	475,000	N/A	4.38%	475,000
7	MHS	15	04	55,000	48,125			48,125
7S	MHS	15	04	55,000	48,125			48,125
8	ASO	15	10	175,000	147,500			147,500
8S	ASO	15	10	175,000	147,500			147,500
9	TBS	15	58	50,000	42,500			42,500
9S	TBS	15	58	50,000	42,500			42,500
10	CR	15	60	700,000	1,634,500	N/A	15.08%	1,634,500
10S	CR	15	60	700,000	1,634,500	N/A	15.08%	1,634,500
11	CR	15	70	600,000	1,101,000	N/A	10.16%	1,101,000
11S	CR	15	70	600,000	1,101,000	N/A	10.16%	1,101,000
12	MAA	55	01	20,000	23,500			23,500
12S	MAA	55	01	20,000	23,500			23,500
13	MAA	55	30	25,000	29,000			29,000
13S	MAA	55	30	25,000	29,000			29,000
14	CR	05	19	400	58,600	N/A	0.54%	58,600
14S	CR	05	19	400	58,600	N/A	0.54%	58,600
15	CR	60	70	1	150,000			150,000
15S	CR	60	70	1	150,000			150,000
16	CR	60	75	1	125,000			125,000
16S	CR	60	75	1	125,000			125,000
17								
17S								
18								
18S								
19								
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21S								
22								
22S								
23								
23S								
24								
24S								
25								
25S								
26								
26S								
33								
33S								
Totals			4,317,804	1,131,250	10,836,585		100%	11,967,835

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<< MH1960

MH1969_INST >>

Summary

Mode	Allocated Cost	Allocated %	Settlement Type	Allocated Cost
5 10-19	440,425	3.83%	TBS	85,000
5 Other	76,650	0.67%	ASO	295,000
10	3,898,510	33.92%	MHS	96,250
15 Program_1	6,421,000	55.88%		
45		0.00%	Total	476,250
55	105,000	0.91%		
60	550,000	4.79%		
Total	11,491,585	100.00%		

State of California Health and Human Services Agency		Department of Mental Health
DETAIL COST REPORT		
ALLOCATION OF COSTS TO MODES OF SERVICE		
MH 1964 (Rev. 5/08)		FISCAL YEAR 2007 - 2008
<div style="text-align: center;"> <p>County: California</p> <p>County Code: 87</p> </div>		
	Legal Entity: Prop 63	A
	Legal Entity Number: 00087	Total Costs
1	Mode Costs (Direct Service and MAA) from MH 1960	11,967,835
	Modes	
2	Hospital Inpatient Services (Mode 05-SFC 10-19)	440,425
3	Other 24 Hour Services (Mode 05-All Other SFC)	76,650
4	Day Services (Mode 10)	3,898,510
5	Outpatient Services (Mode 15 Program 1 + Program 2)	6,897,250
6	Outreach Services (Mode 45)	
7	Medi-Cal Administrative Activities (Mode 55)	105,000
8	Support Services (Mode 60)	550,000
9	Total - Lines 2 through 8	11,967,835
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State of California Health and Human Services Agency				Department of Mental Health				
DETAIL COST REPORT								
ALLOCATION OF COSTS TO SERVICE								
FUNCTIONS - MODE TOTAL								
MH 1966 (Rev. 5/08)				PAGE 1 OF 1 FISCAL YEAR 2007 - 2008				
County: California County Code: 87				CR	CR	CR	CR	
Legal Entity: Prop 63				A	B	C	D	E
Legal Entity Number: 00087					Service	Service	Service	Service
Mode: 05 - Hospital Inpatient Services (SFC 10-19)				Mode Total	Function	Function	Function	Function
					10	10	19	19
1	Allocation Percentage			100.00%	36.69%	36.69%	13.31%	13.31%
2	Total Units				350	350	400	400
3	Gross Cost			440,425	161,612	161,613	58,600	58,600
4	Cost per Unit				461.75	461.75	146.50	146.50
5	SMA per Unit				1,035.57	1,035.57	311.32	311.32
6	Published Charge per Unit				925.50	925.50	294.45	294.45
7	Negotiated Rate / Cost per Unit							
8	Medi-Cal Units	07/01/07 - 02/29/08			150		250	
8A		03/01/08 - 06/30/08				50		150
9	Medicare/Medi-Cal Crossover Units	07/01/07 - 02/29/08			20			
9A		03/01/08 - 06/30/08						
10	Enhanced SD/MC (Children) Units	07/01/07 - 02/29/08			25			
10A		03/01/08 - 06/30/08						
10B	Enhanced SD/MC (Refugees) Units	07/01/07 - 06/30/08						
11	Healthy Families (SED) Units	07/01/07 - 02/29/08						
11A		03/01/08 - 06/30/08						
12	Non-Medi-Cal Units				155	300	150	250
13	Medi-Cal Costs	07/01/07 - 02/29/08		105,887	69,262		36,625	
13A		03/01/08 - 06/30/08		45,063		23,088		21,975
14	Medi-Cal SMA Upper Limits	07/01/07 - 02/29/08		483,933	155,336		164,299	164,299
14A		03/01/08 - 06/30/08		51,779		51,779		
15	Medi-Cal Published Charges	07/01/07 - 02/29/08		212,438	138,825		73,613	
15A		03/01/08 - 06/30/08		90,443		46,275		44,168
16	Medi-Cal Negotiated Rates	07/01/07 - 02/29/08						
16A		03/01/08 - 06/30/08						
17	Medicare/Medi-Cal Crossover Costs	07/01/07 - 02/29/08		9,235	9,235			
17A		03/01/08 - 06/30/08						
18	Medicare/Medi-Cal Crossover SMA Upper Limits	07/01/07 - 02/29/08		20,711	20,711			
18A		03/01/08 - 06/30/08						
19	Medicare/Medi-Cal Crossover Published Charges	07/01/07 - 02/29/08		18,510	18,510			
19A		03/01/08 - 06/30/08						
20	Medicare/Medi-Cal Crossover Negotiated Rates	07/01/07 - 02/29/08						
20A		03/01/08 - 06/30/08						
21	Enhanced SD/MC (Children) Costs	07/01/07 - 02/29/08		11,544	11,544			
21A		03/01/08 - 06/30/08						
22	Enhanced SD/MC (Children) SMA Upper Limits	07/01/07 - 02/29/08		25,889	25,889			
22A		03/01/08 - 06/30/08						
23	Enhanced SD/MC (Children) Published Charges	07/01/07 - 02/29/08		23,138	23,138			
23A		03/01/08 - 06/30/08						
24	Enhanced SD/MC (Children) Negotiated Rates	07/01/07 - 02/29/08						
24A		03/01/08 - 06/30/08						
25	Enhanced SD/MC (Refugees) Costs	07/01/07 - 06/30/08						
26	Enhanced SD/MC (Refugees) SMA Upper Limits	07/01/07 - 06/30/08						
27	Enhanced SD/MC (Refugees) Published Charges	07/01/07 - 06/30/08						
28	Enhanced SD/MC (Refugees) Negotiated Rates	07/01/07 - 06/30/08						
29	Healthy Families Costs	07/01/07 - 02/29/08						
29A		03/01/08 - 06/30/08						
30	Healthy Families SMA Upper Limits	07/01/07 - 02/29/08						
30A		03/01/08 - 06/30/08						
31	Healthy Families Published Charges	07/01/07 - 02/29/08						
31A		03/01/08 - 06/30/08						
32	Healthy Families Negotiated Rates	07/01/07 - 02/29/08						
32A		03/01/08 - 06/30/08						
33	Non-Medi-Cal Costs			268,696	71,571	138,525	21,975	36,625

State of California Health and Human Services Agency				Department of Mental Health				
DETAIL COST REPORT								
ALLOCATION OF COSTS TO SERVICE								
FUNCTIONS - MODE TOTAL								
MH 1966 (Rev. 5/08)								
County: California								
County Code: 87								
Legal Entity: Prop 63								
Legal Entity Number: 00087								
Mode: 05 - Other 24 Hour Services (All Other SFC)								
				A	CR	CR		
				Mode Total	Service Function	Service Function	Service Function	Service Function
					20	20		
1	Allocation Percentage			100.00%	50.00%	50.00%		
2	Total Units				150	150		
3	Gross Cost			76,650	38,325	38,325		
4	Cost per Unit				255.50	255.50		
5	SMA per Unit				555.20	555.20		
6	Published Charge per Unit				510.10	510.10		
7	Negotiated Rate / Cost per Unit							
8	Medi-Cal Units	07/01/07 - 02/29/08			50			
8A		03/01/08 - 06/30/08				25		
9	Medicare/Medi-Cal Crossover Units	07/01/07 - 02/29/08						
9A		03/01/08 - 06/30/08						
10	Enhanced SD/MC (Children) Units	07/01/07 - 02/29/08						
10A		03/01/08 - 06/30/08						
10B	Enhanced SD/MC (Refugees) Units	07/01/07 - 06/30/08						
11	Healthy Families (SED) Units	07/01/07 - 02/29/08						
11A		03/01/08 - 06/30/08						
12	Non-Medi-Cal Units				100	125		
13	Medi-Cal Costs	07/01/07 - 02/29/08		12,775	12,775			
13A		03/01/08 - 06/30/08		6,388		6,388		
14	Medi-Cal SMA Upper Limits	07/01/07 - 02/29/08		27,760	27,760			
14A		03/01/08 - 06/30/08		13,880		13,880		
15	Medi-Cal Published Charges	07/01/07 - 02/29/08		25,505	25,505			
15A		03/01/08 - 06/30/08		12,753		12,753		
16	Medi-Cal Negotiated Rates	07/01/07 - 02/29/08						
16A		03/01/08 - 06/30/08						
17	Medicare/Medi-Cal Crossover Costs	07/01/07 - 02/29/08						
17A		03/01/08 - 06/30/08						
18	Medicare/Medi-Cal Crossover SMA Upper Limits	07/01/07 - 02/29/08						
18A		03/01/08 - 06/30/08						
19	Medicare/Medi-Cal Crossover Published Charges	07/01/07 - 02/29/08						
19A		03/01/08 - 06/30/08						
20	Medicare/Medi-Cal Crossover Negotiated Rates	07/01/07 - 02/29/08						
20A		03/01/08 - 06/30/08						
21	Enhanced SD/MC Costs	07/01/07 - 02/29/08						
21A		03/01/08 - 06/30/08						
22	Enhanced SD/MC SMA Upper Limits	07/01/07 - 02/29/08						
22A		03/01/08 - 06/30/08						
23	Enhanced SD/MC Published Charges	07/01/07 - 02/29/08						
23A		03/01/08 - 06/30/08						
24	Enhanced SD/MC Negotiated Rates	07/01/07 - 02/29/08						
24A		03/01/08 - 06/30/08						
25	Enhanced SD/MC (Refugees) Costs	07/01/07 - 06/30/08						
26	Enhanced SD/MC (Refugees) SMA Upper Limits	07/01/07 - 06/30/08						
27	Enhanced SD/MC (Refugees) Published Charges	07/01/07 - 06/30/08						
28	Enhanced SD/MC (Refugees) Negotiated Rates	07/01/07 - 06/30/08						
29	Healthy Families Costs	07/01/07 - 02/29/08						
29A		03/01/08 - 06/30/08						
30	Healthy Families SMA Upper Limits	07/01/07 - 02/29/08						
30A		03/01/08 - 06/30/08						
31	Healthy Families Published Charges	07/01/07 - 02/29/08						
31A		03/01/08 - 06/30/08						
32	Healthy Families Negotiated Rates	07/01/07 - 02/29/08						
32A		03/01/08 - 06/30/08						
33	Non-Medi-Cal Costs			57,488	25,550	31,938		

State of California Health and Human Services Agency

Department of Mental Health

DETAIL COST REPORT

ALLOCATION OF COSTS TO SERVICE

FUNCTIONS - MODE TOTAL

MH 1966 (Rev. 5/08)

PAGE 1 OF 1
FISCAL YEAR 2007 - 2008County: California
County Code: 87

Legal Entity: Prop 63 Legal Entity Number: 00087 Mode: 10 - Day Services			A	CR B Service Function	CR C Service Function	CR D Service Function	CR E Service Function	CR F Service Function	CR G Service Function
Mode Total				20	20	81	81	95	95
1	Allocation Percentage		100.00%	11.70%	11.70%	14.20%	14.20%	24.10%	24.10%
2	Total Units			10,000	10,000	8,000	8,000	15,000	15,000
3	Gross Cost		3,898,510	456,250	456,250	553,480	553,480	939,525	939,525
4	Cost per Unit			45.63	45.63	69.19	69.19	62.64	62.64
5	SMA per Unit			97.19	94.54	148.17	144.13	134.91	131.24
6	Published Charge per Unit			92.00	92.00	138.95	138.95	124.95	124.95
7	Negotiated Rate / Cost per Unit								
8	Medi-Cal Units	07/01/07 - 02/29/08		2,000		1,000		6,000	
8A		03/01/08 - 06/30/08			5,000		5,000		5,000
9	Medicare/Medi-Cal Crossover Units	07/01/07 - 02/29/08				300			
9A		03/01/08 - 06/30/08							
10	Enhanced SD/MC (Children) Units	07/01/07 - 02/29/08				50			
10A		03/01/08 - 06/30/08							
10B	Enhanced SD/MC (Refugees) Units	07/01/07 - 06/30/08							
11	Healthy Families (SED) Units	07/01/07 - 02/29/08				200			
11A		03/01/08 - 06/30/08							
12	Non-Medi-Cal Units			8,000	5,000	6,450	3,000	9,000	10,000
13	Medi-Cal Costs	07/01/07 - 02/29/08	536,245	91,250		69,185		375,810	
13A		03/01/08 - 06/30/08	887,225		228,125		345,925		313,175
14	Medi-Cal SMA Upper Limits	07/01/07 - 02/29/08	1,152,010	194,380		148,170		809,460	
14A		03/01/08 - 06/30/08	1,849,550		472,700		720,650		656,200
15	Medi-Cal Published Charges	07/01/07 - 02/29/08	1,072,650	184,000		138,950		749,700	
15A		03/01/08 - 06/30/08	1,779,500		460,000		694,750		624,750
16	Medi-Cal Negotiated Rates	07/01/07 - 02/29/08							
16A		03/01/08 - 06/30/08							
17	Medicare/Medi-Cal Crossover Costs	07/01/07 - 02/29/08	20,756			20,756			
17A		03/01/08 - 06/30/08							
18	Medicare/Medi-Cal Crossover SMA Upper Limits	07/01/07 - 02/29/08	44,451			44,451			
18A		03/01/08 - 06/30/08							
19	Medicare/Medi-Cal Crossover Published Charges	07/01/07 - 02/29/08	41,685			41,685			
19A		03/01/08 - 06/30/08							
20	Medicare/Medi-Cal Crossover Negotiated Rates	07/01/07 - 02/29/08							
20A		03/01/08 - 06/30/08							
21	Enhanced SD/MC Costs	07/01/07 - 02/29/08	3,459			3,459			
21A		03/01/08 - 06/30/08							
22	Enhanced SD/MC SMA Upper Limits	07/01/07 - 02/29/08	7,409			7,409			
22A		03/01/08 - 06/30/08							
23	Enhanced SD/MC Published Charges	07/01/07 - 02/29/08	6,948			6,948			
23A		03/01/08 - 06/30/08							
24	Enhanced SD/MC Negotiated Rates	07/01/07 - 02/29/08							
24A		03/01/08 - 06/30/08							
25	Enhanced SD/MC (Refugees) Costs	07/01/07 - 06/30/08							
26	Enhanced SD/MC (Refugees) SMA Upper Limits	07/01/07 - 06/30/08							
27	Enhanced SD/MC (Refugees) Published Charges	07/01/07 - 06/30/08							
28	Enhanced SD/MC (Refugees) Negotiated Rates	07/01/07 - 06/30/08							
29	Healthy Families Costs	07/01/07 - 02/29/08	13,837			13,837			
29A		03/01/08 - 06/30/08							
30	Healthy Families SMA Upper Limits	07/01/07 - 02/29/08	29,634			29,634			
30A		03/01/08 - 06/30/08							
31	Healthy Families Published Charges	07/01/07 - 02/29/08	27,790			27,790			
31A		03/01/08 - 06/30/08							
32	Healthy Families Negotiated Rates	07/01/07 - 02/29/08							
32A		03/01/08 - 06/30/08							
33	Non-Medi-Cal Costs		2,436,988	365,000	228,125	446,243	207,555	563,715	626,350

State of California Health and Human Services Agency			Department of Mental Health					
DETAIL COST REPORT								
ALLOCATION OF COSTS TO SERVICE								
FUNCTIONS - MODE TOTAL								
MH 1966 (Rev. 5/08)			PAGE 1 OF 1 FISCAL YEAR 2007 - 2008					
County: California County Code: 87				CR	CR	CR	CR	CR
Legal Entity: Prop 63			A	B	C	D	E	F
Legal Entity Number: 00087				Service	Service	Service	Service	Service
Mode: 15 - Outpatient Services (Program 1)			Mode Total	Function	Function	Function	Function	Function
				01	01	60	60	70
1	Allocation Percentage		100.00%	7.40%	7.40%	25.46%	25.46%	17.15%
2	Total Units			500,000	500,000	700,000	700,000	600,000
3	Gross Cost		6,421,000	475,000	475,000	1,634,500	1,634,500	1,101,000
4	Cost per Unit			0.95	0.95	2.34	2.34	1.84
5	SMA per Unit			2.08	2.02	4.96	4.82	3.99
6	Published Charge per Unit			1.89	1.89	4.57	4.57	3.68
7	Negotiated Rate / Cost per Unit							
8	Medi-Cal Units	07/01/07 - 02/29/08		200,000		350,000		350,000
8A		03/01/08 - 06/30/08			150,000		150,000	125,000
9	Medicare/Medi-Cal Crossover Units	07/01/07 - 02/29/08						
9A		03/01/08 - 06/30/08						
10	Enhanced SD/MC (Children) Units	07/01/07 - 02/29/08						
10A		03/01/08 - 06/30/08						
10B	Enhanced SD/MC (Refugees) Units	07/01/07 - 06/30/08						
11	Healthy Families (SED) Units	07/01/07 - 02/29/08						
11A		03/01/08 - 06/30/08			100			
12	Non-Medi-Cal Units			300,000	349,900	350,000	550,000	250,000
13	Medi-Cal Costs	07/01/07 - 02/29/08	1,649,500	190,000		817,250		642,250
13A		03/01/08 - 06/30/08	722,125		142,500		350,250	229,375
14	Medi-Cal SMA Upper Limits	07/01/07 - 02/29/08	3,548,500	416,000		1,736,000		1,396,500
14A		03/01/08 - 06/30/08	1,511,000		303,000		723,000	485,000
15	Medi-Cal Published Charges	07/01/07 - 02/29/08	3,265,500	378,000		1,599,500		1,288,000
15A		03/01/08 - 06/30/08	1,429,000		283,500		685,500	460,000
16	Medi-Cal Negotiated Rates	07/01/07 - 02/29/08						
16A		03/01/08 - 06/30/08						
17	Medicare/Medi-Cal Crossover Costs	07/01/07 - 02/29/08						
17A		03/01/08 - 06/30/08						
18	Medicare/Medi-Cal Crossover SMA Upper Limits	07/01/07 - 02/29/08						
18A		03/01/08 - 06/30/08						
19	Medicare/Medi-Cal Crossover Published Charges	07/01/07 - 02/29/08						
19A		03/01/08 - 06/30/08						
20	Medicare/Medi-Cal Crossover Negotiated Rates	07/01/07 - 02/29/08						
20A		03/01/08 - 06/30/08						
21	Enhanced SD/MC Costs	07/01/07 - 02/29/08						
21A		03/01/08 - 06/30/08						
22	Enhanced SD/MC SMA Upper Limits	07/01/07 - 02/29/08						
22A		03/01/08 - 06/30/08						
23	Enhanced SD/MC Published Charges	07/01/07 - 02/29/08						
23A		03/01/08 - 06/30/08						
24	Enhanced SD/MC Negotiated Rates	07/01/07 - 02/29/08						
24A		03/01/08 - 06/30/08						
25	Enhanced SD/MC (Refugees) Costs	07/01/07 - 06/30/08						
26	Enhanced SD/MC (Refugees) SMA Upper Limits	07/01/07 - 06/30/08						
27	Enhanced SD/MC (Refugees) Published Charges	07/01/07 - 06/30/08						
28	Enhanced SD/MC (Refugees) Negotiated Rates	07/01/07 - 06/30/08						
29	Healthy Families Costs	07/01/07 - 02/29/08						
29A		03/01/08 - 06/30/08	95		95			
30	Healthy Families SMA Upper Limits	07/01/07 - 02/29/08						
30A		03/01/08 - 06/30/08	202		202			
31	Healthy Families Published Charges	07/01/07 - 02/29/08						
31A		03/01/08 - 06/30/08	189		189			
32	Healthy Families Negotiated Rates	07/01/07 - 02/29/08						
32A		03/01/08 - 06/30/08						
33	Non-Medi-Cal Costs		4,049,280	285,000	332,405	817,250	1,284,250	458,750
								871,625

State of California Health and Human Services Agency				Department of Mental Health					
DETAIL COST REPORT									
ALLOCATION OF COSTS TO SERVICE									
FUNCTIONS - MODE TOTAL				PAGE 1 OF 1					
MH 1966 (Rev. 5/08)				FISCAL YEAR 2007 - 2008					
County: California				MHS	MHS	ASO	ASO	TBS	TBS
County Code: 87									
Legal Entity: Prop 63				A	B	C	D	E	F
Legal Entity Number: 00087				Mode Total	Service Function	Service Function	Service Function	Service Function	Service Function
Mode: 15 - Outpatient Services (Program 2)					04	04	10	10	58
1	Allocation Percentage			100.00%	10.10%	10.10%	30.97%	30.97%	8.92%
2	Total Units				55,000	55,000	175,000	175,000	50,000
3	Gross Cost			476,250	48,125	48,125	147,500	147,500	42,500
4	Cost per Unit				0.88	0.88	0.84	0.84	0.85
5	SMA per Unit				2.08	2.02	2.68	2.61	2.61
6	Published Charge per Unit								
7	Negotiated Rate / Cost per Unit								
8	Medi-Cal Units				30,000		150,000		20,000
8A						25,000		25,000	30,000
9	Medicare/Medi-Cal Crossover Units								
9A									
10	Enhanced SD/MC Units								
10A									
10B	Enhanced SD/MC (Refugees) Units								
11	Healthy Families (SED) Units								
11A									
12	Non-Medi-Cal Units				25,000	30,000	25,000	150,000	30,000
13	Medi-Cal Costs			169,679	26,250		126,429		17,000
13A				68,446		21,875		21,071	25,500
14	Medi-Cal SMA Upper Limits			518,000	62,400		402,000		53,600
14A				194,050		50,500		65,250	78,300
15	Medi-Cal Published Charges								
15A									
16	Medi-Cal Negotiated Rates								
16A									
17	Medicare/Medi-Cal Crossover Costs								
17A									
18	Medicare/Medi-Cal Crossover SMA Upper Limits								
18A									
19	Medicare/Medi-Cal Crossover Published Charges								
19A									
20	Medicare/Medi-Cal Crossover Negotiated Rates								
20A									
21	Enhanced SD/MC Costs								
21A									
22	Enhanced SD/MC SMA Upper Limits								
22A									
23	Enhanced SD/MC Published Charges								
23A									
24	Enhanced SD/MC Negotiated Rates								
24A									
25	Enhanced SD/MC (Refugees) Costs								
26	Enhanced SD/MC (Refugees) SMA Upper Limits								
27	Enhanced SD/MC (Refugees) Published Charges								
28	Enhanced SD/MC (Refugees) Negotiated Rates								
29	Healthy Families Costs								
29A									
30	Healthy Families SMA Upper Limits								
30A									
31	Healthy Families Published Charges								
31A									
32	Healthy Families Negotiated Rates								
32A									
33	Non-Medi-Cal Costs			238,125	21,875	26,250	21,071	126,429	25,500
									17,000

State of California Health and Human Services Agency		Department of Mental Health					
DETAIL COST REPORT							
ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL							
PAGE 1 OF 1							
FISCAL YEAR 2007 - 2008							
MH 1966 (Rev. 5/08)							
County: California County Code: 87							
		MAA	MAA	MAA	MAA		
Legal Entity: Prop 63		A	B	C	D	E	F
Legal Entity Number: 00087			Service Function	Service Function	Service Function	Service Function	Service Function
Mode: 55 - Medi-Cal Administrative Activities		Mode Total	01	01	30	30	
			01	01	30	30	
1	Allocation Percentage	100.00%	22.38%	22.38%	27.62%	27.62%	
2	Total Units		20,000	20,000	25,000	25,000	
3	Total Expenditures	105,000	23,500	23,500	29,000	29,000	
4	Cost per Unit		1.18	1.18	1.16	1.16	
5	Non-Medi-Cal Costs	58,000					

State of California Health and Human Services Agency		Department of Mental Health					
DETAIL COST REPORT							
ALLOCATION OF COSTS TO SERVICE							
FUNCTIONS - MODE TOTAL							
PAGE 1 OF 1							
FISCAL YEAR 2007 - 2008							
MH 1966 (Rev. 5/08)							
County: California							
County Code: 87							
		CR	CR	CR	CR		
Legal Entity: Prop 63		A	B	C	D	E	F
Legal Entity Number: 00087			Service	Service	Service	Service	Service
Mode: 60 - Support Services		Mode Total	Function	Function	Function	Function	Function
			70	70	75	75	
1	Allocation Percentage	100.00%	27.27%	27.27%	22.73%	22.73%	
2	Total Units	1	1	1	1		
3	Gross Cost	550,000	150,000	150,000	125,000	125,000	
4	Cost per Unit		150,000.00	150,000.00	125,000.00	125,000.00	
5	Non-Medi-Cal Units (Same as Line 2)		1	1	1	1	
6	Non-Medi-Cal Costs (Same as Line 3)	550,000	150,000	150,000	125,000	125,000	

State of California Health and Human Services Agency					Department of Mental Health								
DETAIL COST REPORT													
DETERMINATION OF SD/MC DIRECT SERVICES AND MAA REIMBURSEMENT													
MH 1968 (Rev. 5/08)													
FISCAL YEAR 2007 - 2008													
County: California County Code: 87 Legal Entity: Prop 63 Legal Entity Number: 00087			REIMBURSEMENT TYPE				Costs		Costs		Costs		
			A	B	C	D	E	F	G	H	I	J	K
			Mode 55			Total MAA	Total Inpatient	Mode 05		Mode 15	Total Outpatient Exclude Program (2)	Mode 15 Outpatient Services Program (2)	Total Outpatient (Col. I + Col. J)
			S. F.'s 01-09	S. F.'s 11-19, 31-39	S. F.'s 21-29		Mode 05 Hospital Inpatient Services	Other 24 Hour Services	Mode 10 Day Services	Mode 15 Outpatient Services Program (1)			
1	Medi-Cal Costs	07/01/07 - 02/29/08					105,887	12,775	536,245	1,649,500	2,198,520	169,679	2,368,199
1A		03/01/08 - 06/30/08					45,063	6,388	887,225	722,125	1,615,738	68,446	1,684,184
2	Medi-Cal SMA	07/01/07 - 02/29/08					483,933	27,760	1,192,019	3,548,500	4,728,270	518,000	5,246,270
2A		03/01/08 - 06/30/08					51,779	13,880	1,849,550	1,511,000	3,374,430	194,050	3,568,480
3	Medi-Cal P. C.	07/01/07 - 02/29/08					212,438	25,505	1,072,650	3,265,500	4,363,655		4,363,655
3A		03/01/08 - 06/30/08					90,443	12,753	1,779,500	1,429,000	3,221,253		3,221,253
4	Medi-Cal N. R.	07/01/07 - 02/29/08											
4A		03/01/08 - 06/30/08											
5	Medi-Cal Gross Reimbursement	07/01/07 - 02/29/08					105,887	12,775	536,245	1,649,500	2,198,520	169,679	2,368,199
5A		03/01/08 - 06/30/08					45,063	6,388	887,225	722,125	1,615,738	68,446	1,684,184
6	Medicare/Medi-Cal Crossover Cost	07/01/07 - 02/29/08					9,235		20,756		20,756		20,756
6A		03/01/08 - 06/30/08											
7	Medicare/Medi-Cal Crossover SMA	07/01/07 - 02/29/08					20,711		44,451		44,451		44,451
7A		03/01/08 - 06/30/08											
8	Medicare/Medi-Cal Crossover P. C.	07/01/07 - 02/29/08					18,510		41,685		41,685		41,685
8A		03/01/08 - 06/30/08											
9	Medicare/Medi-Cal Crossover N. R.	07/01/07 - 02/29/08											
9A		03/01/08 - 06/30/08											
10	Medicare/Medi-Cal Crossover Gross Reim.	07/01/07 - 02/29/08					9,235		20,756		20,756		20,756
10A		03/01/08 - 06/30/08											
11	Total SD/MC + Crossover Gross Reim.	07/01/07 - 02/29/08					115,122	12,775	557,001	1,649,500	2,219,276	169,679	2,388,954
11A		03/01/08 - 06/30/08					45,063	6,388	887,225	722,125	1,615,738	68,446	1,684,184
12	Enhanced SD/MC (Children) Cost	07/01/07 - 02/29/08					11,544		3,459		3,459		3,459
12A		03/01/08 - 06/30/08											
13	Enhanced SD/MC (Children) SMA	07/01/07 - 02/29/08					25,889		7,409		7,409		7,409
13A		03/01/08 - 06/30/08											
14	Enhanced SD/MC (Children) P. C.	07/01/07 - 02/29/08					23,138		6,948		6,948		6,948
14A		03/01/08 - 06/30/08											
15	Enhanced SD/MC (Children) N. R.	07/01/07 - 02/29/08											
15A		03/01/08 - 06/30/08											
16	Enhanced SD/MC (Children) Gross Reim.	07/01/07 - 02/29/08					11,544		3,459		3,459		3,459
16A		03/01/08 - 06/30/08											
17	Enhanced SD/MC (Refugees) Cost	07/01/07 - 06/30/08											
18	Enhanced SD/MC (Refugees) SMA	07/01/07 - 06/30/08											
19	Enhanced SD/MC (Refugees) P. C.	07/01/07 - 06/30/08											
20	Enhanced SD/MC (Refugees) N. R.	07/01/07 - 06/30/08											
21	Total Medi-Cal Gross Reimbursement (Excludes Refugees)	07/01/07 - 02/29/08					126,666	12,775	560,460	1,649,500	2,222,735	169,679	2,392,413
21A		03/01/08 - 06/30/08					45,063	6,388	887,225	722,125	1,615,738	68,446	1,684,184
22	Enhanced SD/MC (Refugees) Gross Reim.	07/01/07 - 06/30/08											
23	Healthy Families Cost	07/01/07 - 02/29/08							13,837		13,837		13,837
23A		03/01/08 - 06/30/08								95	95		95
24	Healthy Families SMA	07/01/07 - 02/29/08							29,634		29,634		29,634
24A		03/01/08 - 06/30/08								202	202		202
25	Healthy Families P. C.	07/01/07 - 02/29/08							27,790		27,790		27,790
25A		03/01/08 - 06/30/08								189	189		189
26	Healthy Families N. R.	07/01/07 - 02/29/08											
26A		03/01/08 - 06/30/08											
27	Healthy Families Gross Reim.	07/01/07 - 02/29/08							13,837		13,837		13,837
27A		03/01/08 - 06/30/08								95	95		95
28	Less: Patient and Other Payor Revenue												
28A	SD/MC + Crossover Revenue	07/01/07 - 02/29/08					10,000			20,000	20,000		20,000
29	Enhanced SD/MC (Children) Revenue	03/01/08 - 06/30/08											
30	Enhanced SD/MC (Refugees) Revenue												
31	Healthy Families Revenue												
32	Total Expenditures from MAA (Mode 55)		47,000			105,000							
33	Medi-Cal Eligibility Factor (Average)			51.75%									
34	Revenue - MAA												
35	Net Due - SD/MC for Direct Services	07/01/07 - 02/29/08	47,000			47,000	116,666	12,775	560,460	1,629,500	2,202,735	169,679	2,372,413
35A		03/01/08 - 06/30/08					45,063	6,388	887,225	722,125	1,615,738	68,446	1,684,184
36	Net Due - Enhanced SD/MC (Refugees)												
37	Net Due - Healthy Families	07/01/07 - 02/29/08							13,837		13,837		13,837
37A		03/01/08 - 06/30/08								95	95		95
38	Amount Negotiated Rates Exceed Costs												
38A	SD/MC (Includes Children)	07/01/07 - 02/29/08											
39	Enhanced SD/MC (Refugees)	03/01/08 - 06/30/08											
40	Healthy Families	07/01/07 - 02/29/08											
40A		03/01/08 - 06/30/08											

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State of California Health and Human Services Agency										Department of Mental Health	
DETAIL COST REPORT											
SD/MC PRELIMINARY DESK SETTLEMENT											
MH 1979 (Rev. 5/08)											
County: California											
County Code: 87											
Legal Entity: Prop 63											
Legal Entity Number: 00087											
	A	B	C	D	E	F	G	H	I	J	
	Total	Total	Total	Total	50.00%	50.00%	50.00%	Variable %	75.00%	Total	
	MAA	Inpatient	Outpatient		FFP	FFP	FFP	FFP	FFP	FFP	
SD/MC Administrative Reimbursement (County Only)											
1 County SD/MC Direct Service Gross Reimbursement		171,729	4,076,597	4,248,326							
2 Contract Providers Medi-Cal Direct Service Gross Reimbursement		2,071,820	6,745	2,078,565							
3 Total Medi-Cal Direct Service Gross Reimbursement				6,326,891							
4 Medi-Cal Administrative Reimbursement Limit				949,034							
5 Medi-Cal Administration				800,000							
6 Medi-Cal Administrative Reimbursement				800,000	400,000						400,000
Healthy Families Administrative Reimbursement (County Only)											
7 County Healthy Families Direct Service Gross Reimbursement			13,932	13,932							
7A Contract Providers Healthy Families Direct Service Gross Reim.											
7B Total Healthy Families Direct Service Gross Reimbursement				13,932							
8 Healthy Families Administrative Reimbursement Limit				1,393							
9 Healthy Families Administration				50,000							
10 Healthy Families Administrative Reimbursement				1,393				906			906
SD/MC Net Reimbursement for MAA											
11 Medi-Cal Admin. Activities Svc Functions 01 - 09	47,000			47,000	23,500						23,500
12 Medi-Cal Admin. Activities Svc Functions 11 - 19, 31 - 39											
13 Medi-Cal Admin. Activities Svc Functions 21 - 29 (County Only)											
14 Utilization Review-Skilled Prof. Med. Personnel (County Only)				100,000					75,000		75,000
15 Other SD/MC Utilization Review (County Only)				80,000	40,000						40,000
16 SD/MC Net Reimbursement for Direct Services	07/01/07 - 02/29/08	105,122	2,368,954	2,474,076		1,237,038					1,237,038
16A	03/01/08 - 06/30/08	45,063	1,684,184	1,729,247			864,623				864,623
17 Enhanced SD/MC Net Reimb. (Children)	07/01/07 - 02/29/08	11,544	3,459	15,003				9,752			9,752
17A	03/01/08 - 06/30/08										
18 Enhanced SD/MC Net Reimb. (Refugees)											
19 Total SD/MC Reimbursement Before Excess FFP											2,649,913
20 Amount Negotiated Rates Exceed Costs - SD/MC & Enh. SD/MC											
21 Total SD/MC Reimbursement (FFP)											2,649,913
22 Contract Limitation Adjustment											
23 Adjusted Total SD/MC Reimbursement (FFP)											2,649,913
24 Healthy Families Net Reimbursement	07/01/07 - 02/29/08		13,837	13,837				8,994			8,994
24A	03/01/08 - 06/30/08		95	95				62			62
25 Total Healthy Families Reimbursement Before Excess FFP											9,961
26 Amount Negotiated Rates Exceed Costs - Healthy Families											
27 Total Healthy Families Reimbursement											9,961

STATE SHARE OF SD/MC COST	
Line 6: Column D minus Column E	400,000
Line 10: Column D minus Column H	488
Line 11: Column D minus Column E	23,500
Line 12: Column D minus Column E	
Line 13: Column D minus Column I	
Line 14: Column D minus Column I	25,000
Line 15: Column D minus Column E	40,000
Line 16: Column D minus Column F	1,237,038
Line 16A: Column D minus Column G	864,623
Line 17: Column D minus Column H	5,251
Line 17A: Column D minus Column H	
Line 18: Column D minus Column H	
Line 24: Column D minus Column H	4,843
Line 24A: Column D minus Column H	33
TOTAL STATE SHARE SD/MC COST	2,600,776

State of California Health and Human Services Agency											Department of Mental Health	
DETAIL COST REPORT												
FUNDING SOURCES												
MH 1992 (Rev. 5/08)												
County: California												
County Code: 87												
FISCAL YEAR 2007 - 2008												
Legal Entity: Prop 63	A	B	C	D	E	F	G	H	I	J		
Legal Entity No.: 00087	Admin./ Research & Evaluation	Utilization Review	Direct Services/MAA								Total Legal Entity	
			Mode 05 - Hospital Inpatient	Mode 05 - Other 24 Hour Services	Mode 10 - Day Services	Mode 15 - Outpatient Services	Mode 45 - Outreach Services	Mode 55 - MAA	Mode 60 - Support Services			
1 Gross Cost	1,200,000	250,000	440,425	76,650	3,898,510	6,897,250		105,000	550,000	13,417,835	CROSSCHECKS	
2 Adjustments												
3 Adjusted Gross Cost	1,200,000	250,000	440,425	76,650	3,898,510	6,897,250		105,000	550,000	13,417,835	OK	
Funding Sources												
Grants												
4 SAMHSA Grants												
5 PATH Grants												
6 RWJ Grants												
7 Other Grants												
8 Total Grants Accrued											OK	
9 Patient Fees												
10 Patient Insurance												
11 Regular/Enhanced SD/MC (FFP only)	400,000	115,000	82,596	9,581	724,361	1,294,875		23,500		2,649,913	OK MH1979 SDMC MATCH	
12 Healthy Family - Fed share	906				8,994	62				9,961	OK MH1979 HF MATCH	
13 Medicare - Fed. Share												
14 Conservatorship Admin. Fees												
15 State General Fund-State Share						18,578				18,578		
16 State General Fund-County Match												
17 SGF-Managed Care - Outpatient			100,000		1,368,000	900,490				2,368,490		
18 06-07 Rollover - Managed Care-Other												
19 EPSDT SD/MC - State Share Est.												
20A 06-07 SGF Rollover												
20B Other Revenue												
21 Realignment Funds/MOE	799,094	135,000	207,829	67,069	1,047,155	3,933,245		81,500		6,270,892		
22 Prior Years MHSA												
23 MHSA												
24 County Overmatch			50,000		750,000	750,000			550,000	2,100,000		
25 CALWORKS												
26 Total Funding Sources	1,200,000	250,000	440,425	76,650	3,898,510	6,897,250		105,000	550,000	13,417,835	OK	

EDIT CHECKS

Line 3 = Line 24? OK OK OK OK OK OK OK OK OK OK

Amt. to Balance to Line 3: 0 0 0 0 0 0 0 0 0 0

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APPENDIX B

Sample Detail Cost Report (Contract Provider Legal Entity With Medi-Cal)

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DETAIL COST REPORT
INFORMATION SHEET
MH1900 (Rev. 5/08)

FISCAL YEAR 2007 - 2008

SECTION I: ALL LEGAL ENTITIES:

All Legal Entities are to complete Section I.

Name of Preparer:	Team Member	
Date:	Current Date	
Legal Entity Name:	Children Rescue Network	
Legal Entity Number:	09999	
County:	California	
County Code:	87	
Is this a County Legal Entity Report? (Y or N)	No	▼
Are you reporting SD/MC? (Y or N)	Yes	▼

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SECTION II: COUNTY LEGAL ENTITY ONLY:

Only County Legal Entities are to Complete Section II.

Address:		
Phone Number:		
County Population: Over 125,000? (Y or N)	Yes	▼

**Contract Provider Medi-Cal Direct Service Gross Reimbursement
(Used to populate MH1979 Line 2)**

Inpatient Services	
Outpatient Services	

Contract Provider Healthy Families Direct Service Gross Reimbursement (Used to populate MH1979 Line 7)

Inpatient Services	
Outpatient Services	

Total State Share of SD/MC Cost:	\$	3,372
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**Fee For Service - Mental Health Specialty
Provider Numbers For Individual and Group**

Mode&SF -->

Legal Entity Number (FFS):	
Psychiatrist:	
Psychologist:	
Mixed Specialty Group:	
RN:	
LCSW:	
MFCC (MFT):	

**Adjust Medi-Cal FFP Due to Contract Limitation
(Used to populate MH1979 Line 22J)**

Mode 05 - Hospital Inpatient Services	
Mode 05 - Other 24 Hour Services	
Mode 10 - Day Services	
Mode 15 - Outpatient Services	
Contract Limitation Adjustment Total	\$ -

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State of California Health and Human Services Agency					Department of Mental Health		
DETAIL COST REPORT							
SCHEDULE OF STATEWIDE MAXIMUM ALLOWANCES, NEGOTIATED RATES AND PUBLISHED CHARGES							
MH 1901 SCHEDULE A (Rev. 5/08)					FISCAL YEAR 2007 - 2008		
Entity Name: <u>Children Rescue Network</u>					Entity Number: <u>09999</u>		
Fiscal Year: <u>2007 - 2008</u>					07/01/07 - 02/29/08		

	A	B	C	D	E	F	G
SERVICE FUNCTION	MODE	SERVICE FUNCTION CODE	SMA	STATE APPROVED (NR)	PUBLISHED CHARGE	COUNTY NON M/C CONTRACT RATE	RATE FOR ALLOCATION
A. 24 - HOUR SERVICES							
1 Hospital Inpatient	05	10 - 18	\$1,035.57				\$0.00
2 Hospital Administrative Day	05	19	\$311.32				\$0.00
3 Psychiatric Health Facility (PHF)	05	20 - 29	\$555.20				\$0.00
4 SNF Intensive	05	30 - 34					\$0.00
5 IMD Basic (No Patch)	05	35					\$0.00
6 IMD (With Patch)	05	36 - 39					\$0.00
7 Adult Crisis Residential	05	40 - 49	\$313.08				\$0.00
8 Jail Inpatient	05	50 - 59					\$0.00
9 Residential Other	05	60 - 64					\$0.00
10 Adult Residential	05	65 - 79	\$152.71				\$0.00
11 Semi - Supervised Living	05	80 - 84					\$0.00
12 Independent Living	05	85 - 89					\$0.00
13 MH Rehab Centers	05	90 - 94					\$0.00
B. DAY SERVICES							
14 Crisis Stabilization Emergency Room	10	20 - 24	\$97.19				\$0.00
15 Urgent Care	10	25 - 29	\$97.19				\$0.00
16 Vocational Services	10	30 - 39					\$0.00
17 Socialization	10	40 - 49					\$0.00
18 SNF Augmentation	10	60 - 69					\$0.00
19 Day Treatment Intensive Half Day	10	81 - 84	\$148.17				\$0.00
20 Full Day	10	85 - 89	\$208.10		\$202.43		\$0.00
21 Day Rehabilitation Half Day	10	91 - 94	\$86.43				\$0.00
22 Full Day	10	95 - 99	\$134.91				\$0.00
C. OUTPATIENT SERVICES							
23 Case Management, Brokerage	15	01 - 09	\$2.08				\$0.00
24 Mental Health Services	15	10 - 19	\$2.68		\$2.61		\$0.00
25 Mental Health Services	15	30 - 59	\$2.68		\$2.61		\$0.00
26 Medication Support	15	60 - 69	\$4.96		\$4.82		\$0.00
27 Crisis Intervention	15	70 - 79	\$3.99				\$0.00
D. OUTREACH SERVICES							
28 Mental Health Promotion	45	10 - 19					\$0.00
29 Community Client Services	45	20 - 29					\$0.00
E. MEDI-CAL ADMINISTRATIVE ACTIVITIES							
30 Medi-Cal Outreach	55	01 - 03		MEDI-CAL ELIGIBILITY FACTOR			
31 Medi-Cal Eligibility Intake	55	04 - 06					
32 Medi-Cal Contract Administration	55	07 - 08					
33 MAA Coordination and Claims Administration	55	09					
34 Referral - Crisis, Non-Open Case	55	11 - 13					
35 MH Services Contract Administration	55	14 - 16					
36 Discounted Mental Health Outreach	55	17 - 19					
37 SPMP Case Management, Non-Open Case	55	21 - 23					
38 SPMP Program Planning and Development	55	24 - 26					
39 SPMP MAA Training	55	27 - 29					
40 Non-SPMP Case Management, Non-Open Case	55	31 - 34					
41 Non-SPMP Program Planning and Development	55	35 - 39					
F. SUPPORT SERVICES							
42 Conservatorship Investigation	60	20 - 29					\$0.00
43 Administration	60	30 - 39					\$0.00
44 Life Support/Board & Care	60	40 - 49					\$0.00
45 Case Management Support	60	60 - 69					\$0.00
46 Client Housing Support Expenditures	60	70					\$0.00
47 Client Housing Operating Expenditures	60	71					\$0.00
48 Client Flexible Support Expenditures	60	72					\$0.00
48 Non Medi-Cal Capital Assets	60	75			\$125.00		\$0.00
48 Other Non Medi-Cal Client Support Expenditures	60	78					\$0.00

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MH1901_Schedule_B >>

State of California Health and Human Services Agency					Department of Mental Health		
DETAIL COST REPORT							
SCHEDULE OF STATEWIDE MAXIMUM ALLOWANCES, NEGOTIATED RATES AND PUBLISHED CHARGES							
MH 1901 SCHEDULE A Supplement (Rev. 5/08)					FISCAL YEAR 2007 - 2008		
Entity Name: <u>Children Rescue Network</u>					Entity Number: <u>09999</u>		
Fiscal Year: <u>2007 - 2008</u>					03/01/08 - 06/30/08		

	A	B	C	D	E	F	G
SERVICE FUNCTION	MODE	SERVICE FUNCTION CODE	SMA	STATE APPROVED (NR)	PUBLISHED CHARGE	COUNTY NON M/C CONTRACT RATE	RATE FOR ALLOCATION
A. 24 - HOUR SERVICES							
1 Hospital Inpatient	05	10 - 18	\$1,035.57				\$0.00
2 Hospital Administrative Day	05	19	\$311.32				\$0.00
3 Psychiatric Health Facility (PHF)	05	20 - 29	\$555.20				\$0.00
4 SNF Intensive	05	30 - 34					\$0.00
5 IMD Basic (No Patch)	05	35					\$0.00
6 IMD (With Patch)	05	36 - 39					\$0.00
7 Adult Crisis Residential	05	40 - 49	\$313.08				\$0.00
8 Jail Inpatient	05	50 - 59					\$0.00
9 Residential Other	05	60 - 64					\$0.00
10 Adult Residential	05	65 - 79	\$152.71				\$0.00
11 Semi - Supervised Living	05	80 - 84					\$0.00
12 Independent Living	05	85 - 89					\$0.00
13 MH Rehab Centers	05	90 - 94					\$0.00
B. DAY SERVICES							
14 Crisis Stabilization Emergency Room	10	20 - 24	\$94.54				\$0.00
15 Urgent Care	10	25 - 29	\$94.54				\$0.00
16 Vocational Services	10	30 - 39					\$0.00
17 Socialization	10	40 - 49					\$0.00
18 SNF Augmentation	10	60 - 69					\$0.00
19 Day Treatment Intensive Half Day	10	81 - 84	\$144.13				\$0.00
20 Full Day	10	85 - 89	\$202.43		\$195.50		\$0.00
21 Day Rehabilitation Half Day	10	91 - 94	\$84.08				\$0.00
22 Full Day	10	95 - 99	\$131.24				\$0.00
C. OUTPATIENT SERVICES							
23 Case Management, Brokerage	15	01 - 09	\$2.02				\$0.00
24 Mental Health Services	15	10 - 19	\$2.61		\$2.25		\$0.00
25 Mental Health Services	15	30 - 59	\$2.61		\$2.25		\$0.00
26 Medication Support	15	60 - 69	\$4.82		\$3.50		\$0.00
27 Crisis Intervention	15	70 - 79	\$3.88				\$0.00
D. OUTREACH SERVICES							
28 Mental Health Promotion	45	10 - 19					\$0.00
29 Community Client Services	45	20 - 29					\$0.00
E. MEDI-CAL ADMINISTRATIVE ACTIVITIES							
30 Medi-Cal Outreach	55	01 - 03		MEDI-CAL ELIGIBILITY FACTOR			
31 Medi-Cal Eligibility Intake	55	04 - 06		Quarter 1			
32 Medi-Cal Contract Administration	55	07 - 08		Quarter 2			
33 MAA Coordination and Claims Administration	55	09		Quarter 3			
34 Referral - Crisis, Non-Open Case	55	11 - 13		Quarter 4			
35 MH Services Contract Administration	55	14 - 16		Average			
36 Discounted Mental Health Outreach	55	17 - 19					
37 SPMP Case Management, Non-Open Case	55	21 - 23					
38 SPMP Program Planning and Development	55	24 - 26					
39 SPMP MAA Training	55	27 - 29					
40 Non-SPMP Case Management, Non-Open Case	55	31 - 34					
41 Non-SPMP Program Planning and Development	55	35 - 39					
F. SUPPORT SERVICES							
42 Conservatorship Investigation	60	20 - 29					\$0.00
43 Administration	60	30 - 39					\$0.00
44 Life Support/Board & Care	60	40 - 49					\$0.00
45 Case Management Support	60	60 - 69					\$0.00
46 Client Housing Support Expenditures	60	70					\$0.00
47 Client Housing Operating Expenditures	60	71					\$0.00
48 Client Flexible Support Expenditures	60	72					\$0.00
48 Non Medi-Cal Capital Assets	60	75			\$115.00		\$0.00
48 Other Non Medi-Cal Client Support Expenditures	60	78					\$0.00

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MH1901_Schedule_B >>

State of California Health and Human Services Agency

Department of Mental Health

DETAIL COST REPORT

WORKSHEET FOR UNITS OF SERVICE AND REVENUE BY MODE AND SERVICE FUNCTION

MH 1901 SCHEDULE B (Rev. 5/08)

FISCAL YEAR 2007 - 2008

Entity Name: Children Rescue NetworkEntity Number: 09999Fiscal Year: 2007 - 2008**07/01/07 - 02/29/08**

Settlement Types	CR - Cost Reimburse	MAA - Medi-Cal Administrative Activities
	NR - Negotiated Rate	MHS - Mental Health Specialty
	TBS - Therapeutic Behavioral Services	ISA - Integrated Service Agency
	ASO - Administrative Services Organization	CAW - CALWORKS Services

A	B	C	D	E	G	H	J	K	M	O	P	Q	R	T	U
				SD/MC DATA		MEDICARE/MEDI-CAL CROSSOVER DATA		MEDI-CAL PATIENT AND OTHER PAYOR DATA	ENHANCED SHORT DOYLE MEDI-CAL DATA				HEALTHY FAMILIES (SED) DATA		
Settlement Type	Mode	SF	Total Units of Service	Units	Total Units	Units	Total Medicare/SD/MC Crossover Units	Revenue	Units (Children)	3rd Party Revenue (Children)	Units (Refugees)	3rd Party Revenue (Refugees)	Units	3rd Party Revenue	Non Medi-Cal Units
1	CR	10	85	35	15	15									20
2	CR	15	10	380	300	300									80
3	CR	60	75	5											5
4															
5															
6															
7															
8															
9															
10															
11															
12															
13															
14															
15															
16															
17															
18															
19															
20															
21															
22															
23															
24															
84															
Totals				420	315	315									105

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MH1901_Schedule_B_S >>

MH1961 >>
MEDI-CAL
ADJUSTMENTS TO
COSTS

MH1962 >>
OTHER COSTS

MH1963 >>
PAYMENT TO
CONTRACT PROVIDERS

MH1960 >>
CALCULATION OF
PROGRAM COSTS

State of California Health and Human Services Agency

Department of Mental Health

DETAIL COST REPORT

WORKSHEET FOR UNITS OF SERVICE AND REVENUE BY MODE AND SERVICE FUNCTION

MH 1901 SCHEDULE B Supplement (Rev. 5/08)

FISCAL YEAR 2007 - 2008

Entity Name: Children Rescue NetworkEntity Number: 09999Fiscal Year: 2007 - 2008**03/01/08 - 06/30/08**

Settlement Types	CR - Cost Reimburse	MAA - Medi-Cal Administrative Activities
	NR - Negotiated Rate	MHS - Mental Health Specialty
	TBS - Therapeutic Behavioral Services	ISA - Integrated Service Agency
	ASO - Administrative Services Organization	CAW - CALWORKS Services

	A	B	C	D	F	G	I	J	L	N	O	P	Q	S	T	U
					SD/MC DATA		MEDICARE/MEDI-CAL CROSSOVER DATA		MEDI-CAL PATIENT AND OTHER PAYOR DATA	ENHANCED SHORT DOYLE MEDI-CAL DATA				HEALTHY FAMILIES (SED) DATA		
	Settlement Type	Mode	SF	Total Units of Service	Units	Total Units	Units	Total Medicare/SD/MC Crossover Units	REVENUE	Units (Children)	3rd Party Revenue (Children)	Units (Refugees)	3rd Party Revenue (Refugees)	Units	3rd Party Revenue	Non Medi-Cal Units
1	CR	10	85													
2	CR	15	10	1,400	1,300	1,300										100
3	CR	60	75	656	500	500										156
4																
5																
6																
7																
8																
9																
10																
11																
12																
13																
14																
15																
16																
17																
18																
19																
20																
21																
22																
23																
24																
84																
Totals				2,056	1,800	1,800										256

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MH1961 >>
MEDI-CAL
ADJUSTMENTS TO
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CALCULATION OF
PROGRAM COSTS

State of California Health and Human Services Agency

Department of Mental Health

DETAIL COST REPORT

**SUPPORTING DOCUMENTATION FOR THE METHOD USED TO ALLOCATE
TOTALS TO MODE OF SERVICE & SERVICE FUNCTION**

MH 1901 SCHEDULE C (Rev. 5/08)

FISCAL YEAR 2007 - 2008

Entity Name: Children Rescue NetworkEntity Number: 09999Fiscal Year: 2007 - 2008

Allocation

☐ Rate for Allocation ☐ SMA Rate

☐ Published Charges ☒ Directly Allocated

COSTS TO BE ALLOCATEDAllowable Mode Costs (MH1960 Line 18, Col. C) **41,291**

A	B	C	D	E	F	G	H	I
Settlement Type	Mode	SF	Total Units	Eligible Direct Cost	Allocation Basis	Relative Value	Allocation %	Allocated Cost
1	CR	10	85	35	34,231	N/A	82.90%	34,231
1S	CR	10	85			N/A		
2	CR	15	10	380	2,400	N/A	5.81%	2,400
2S	CR	15	10	1,400	2,027	N/A	4.91%	2,027
3	CR	60	75	5				
3S	CR	60	75	656	2,633		6.38%	2,633
4								
4S								
5								
5S								
6								
6S								
53								
53S								
54								
54S								
55								
55S								
56								
56S								
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79S								
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81S								
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82S								
83								
83S								
84								
84S								
Totals			2,476		41,291		100%	41,291

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Summary

Mode	Allocated Cost	Allocated %	Settlement Type	Allocated Cost
5 10-19		0.00%	TBS	
5 Other		0.00%	ASO	
10	34,231	82.90%	MHS	
15 Program_1	4,427	10.72%		
45		0.00%	Total	
55		0.00%		
60	2,633	6.38%		
Total	41,291	100.00%		

State of California Health and Human Services Agency		Department of Mental Health		
DETAIL COST REPORT				
MEDI-CAL ADJUSTMENTS TO COSTS				
MH 1961 (Rev. 5/08)				
FISCAL YEAR 2007 - 2008				
County: California				
County Code: 87				
Legal Entity: Children Rescue Network		A	B	C
Legal Entity Number: 09999		Salaries and Benefits	Other	Total Adjustments
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20	Total Adjustments			

Crosscheck
0 OK

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State of California Health and Human Services Agency		Department of Mental Health		
DETAIL COST REPORT				
OTHER ADJUSTMENTS				
MH 1962 (Rev. 5/08)				
FISCAL YEAR 2007 - 2008				
County: California				
County Code: 87				
Legal Entity: Children Rescue Network		A	B	C
Legal Entity Number: 09999		Salaries and Benefits	Other	Total Adjustments
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20	Total Adjustments			
		Crosscheck 0 OK		
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		MH1960 >>		

State of California Health and Human Services Agency

Department of Mental Health

DETAIL COST REPORT

CALCULATION OF PROGRAM COSTS

MH 1960 (Rev. 5/08)

FISCAL YEAR 2007 - 2008

County: California
County Code: 87

Legal Entity: Children Rescue Network		A	B	C
Legal Entity Number: 09999		Salaries and Benefits	Other	Total Costs
1	Mental Health Expenditures	22,869	18,422	41,291
2	Encumbrances			
3	Less: Payments to Contract Providers (County Only)			
4	Other Adjustments from MH 1962			
5	Total Costs Before Medi-Cal Adjustments	22,869	18,422	41,291
6	Medi-Cal Adjustments from MH 1961			
7	Managed Care Consolidation (County Only)			
8	Allowable Costs for Allocation			41,291
	Administrative Costs (County Only)			
9	SD/MC Administration			
10	Healthy Families Administration			
11	Non-SD/MC Administration			
12	Total Administrative Costs			
	Utilization Review Costs (County Only)			
13	Skilled Professional Medical Personnel			
14	Other SD/MC Utilization Review			
15	Non-SD/MC Utilization Review			
16	Total Utilization Review Costs			
17	Research and Evaluation (County Only)			
18	Mode Costs (Direct Service and MAA)			41,291
19	Total Costs - Lines 9 through 18			41,291

Crosscheck
41,291 **OK**
41,291 **OK**

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State of California Health and Human Services Agency		Department of Mental Health
DETAIL COST REPORT		
ALLOCATION OF COSTS TO MODES OF SERVICE		
MH 1964 (Rev. 5/08)		FISCAL YEAR 2007 - 2008
County: California County Code: 87		
Legal Entity: Children Rescue Network		A
Legal Entity Number: 09999		Total Costs
1	Mode Costs (Direct Service and MAA) from MH 1960	41,291
Modes		
2	Hospital Inpatient Services (Mode 05-SFC 10-19)	
3	Other 24 Hour Services (Mode 05-All Other SFC)	
4	Day Services (Mode 10)	34,231
5	Outpatient Services (Mode 15 Program 1 + Program 2)	4,427
6	Outreach Services (Mode 45)	
7	Medi-Cal Administrative Activities (Mode 55)	
8	Support Services (Mode 60)	2,633
9	Total - Lines 2 through 8	41,291
<div style="border: 1px solid black; border-radius: 10px; display: inline-block; padding: 5px 20px; margin: 0 auto;">HOME</div>		

**Crosscheck
OK**

State of California Health and Human Services Agency				Department of Mental Health						
DETAIL COST REPORT										
ALLOCATION OF COSTS TO SERVICE										
FUNCTIONS - MODE TOTAL										
MH 1966 (Rev. 5/08)										
County: California County Code: 87										
Legal Entity: Children Rescue Network										
Legal Entity Number: 09999										
Mode: 10 - Day Services										
				A	CR B Service Function	CR C Service Function	D Service Function	E Service Function	F Service Function	G Service Function
Mode Total					85	85				
1	Allocation Percentage			100.00%	100.00%					
2	Total Units				35					
3	Gross Cost			34,231	34,231					
4	Cost per Unit				978.03					
5	SMA per Unit				208.10	202.43				
6	Published Charge per Unit				202.43	195.50				
7	Negotiated Rate / Cost per Unit									
8	Medi-Cal Units	07/01/07 - 02/29/08			15					
8A		03/01/08 - 06/30/08								
9	Medicare/Medi-Cal Crossover Units	07/01/07 - 02/29/08								
9A		03/01/08 - 06/30/08								
10	Enhanced SD/MC (Children) Units	07/01/07 - 02/29/08								
10A		03/01/08 - 06/30/08								
10B	Enhanced SD/MC (Refugees) Units	07/01/07 - 06/30/08								
11	Healthy Families (SED) Units	07/01/07 - 02/29/08								
11A		03/01/08 - 06/30/08								
12	Non-Medi-Cal Units				20					
13	Medi-Cal Costs	07/01/07 - 02/29/08		14,670	14,670					
13A		03/01/08 - 06/30/08								
14	Medi-Cal SMA Upper Limits	07/01/07 - 02/29/08		3,122	3,122					
14A		03/01/08 - 06/30/08								
15	Medi-Cal Published Charges	07/01/07 - 02/29/08		3,036	3,036					
15A		03/01/08 - 06/30/08								
16	Medi-Cal Negotiated Rates	07/01/07 - 02/29/08								
16A		03/01/08 - 06/30/08								
17	Medicare/Medi-Cal Crossover Costs	07/01/07 - 02/29/08								
17A		03/01/08 - 06/30/08								
18	Medicare/Medi-Cal Crossover SMA Upper Limits	07/01/07 - 02/29/08								
18A		03/01/08 - 06/30/08								
19	Medicare/Medi-Cal Crossover Published Charges	07/01/07 - 02/29/08								
19A		03/01/08 - 06/30/08								
20	Medicare/Medi-Cal Crossover Negotiated Rates	07/01/07 - 02/29/08								
20A		03/01/08 - 06/30/08								
21	Enhanced SD/MC Costs	07/01/07 - 02/29/08								
21A		03/01/08 - 06/30/08								
22	Enhanced SD/MC SMA Upper Limits	07/01/07 - 02/29/08								
22A		03/01/08 - 06/30/08								
23	Enhanced SD/MC Published Charges	07/01/07 - 02/29/08								
23A		03/01/08 - 06/30/08								
24	Enhanced SD/MC Negotiated Rates	07/01/07 - 02/29/08								
24A		03/01/08 - 06/30/08								
25	Enhanced SD/MC (Refugees) Costs	07/01/07 - 06/30/08								
26	Enhanced SD/MC (Refugees) SMA Upper Limits	07/01/07 - 06/30/08								
27	Enhanced SD/MC (Refugees) Published Charges	07/01/07 - 06/30/08								
28	Enhanced SD/MC (Refugees) Negotiated Rates	07/01/07 - 06/30/08								
29	Healthy Families Costs	07/01/07 - 02/29/08								
29A		03/01/08 - 06/30/08								
30	Healthy Families SMA Upper Limits	07/01/07 - 02/29/08								
30A		03/01/08 - 06/30/08								
31	Healthy Families Published Charges	07/01/07 - 02/29/08								
31A		03/01/08 - 06/30/08								
32	Healthy Families Negotiated Rates	07/01/07 - 02/29/08								
32A		03/01/08 - 06/30/08								
33	Non-Medi-Cal Costs			19,561	19,561					

State of California Health and Human Services Agency				Department of Mental Health				
DETAIL COST REPORT								
ALLOCATION OF COSTS TO SERVICE								
FUNCTIONS - MODE TOTAL								
MH 1966 (Rev. 5/08)								
County: California County Code: 87				CR	CR			
Legal Entity: Children Rescue Network				A	B	C	D	E
Legal Entity Number: 09999					Service	Service	Service	Service
Mode: 15 - Outpatient Services (Program 1)				Mode Total	Function	Function	Function	Function
					10	10		
1	Allocation Percentage			100.00%	54.21%	45.79%		
2	Total Units				380	1,400		
3	Gross Cost			4,427	2,400	2,027		
4	Cost per Unit				6.32	1.45		
5	SMA per Unit				2.68	2.61		
6	Published Charge per Unit				2.61	2.25		
7	Negotiated Rate / Cost per Unit							
8	Medi-Cal Units				300			
8A						1,300		
9	Medicare/Medi-Cal Crossover Units							
9A								
10	Enhanced SD/MC (Children) Units							
10A								
10B	Enhanced SD/MC (Refugees) Units							
11	Healthy Families (SED) Units							
11A								
12	Non-Medi-Cal Units				80	100		
13	Medi-Cal Costs				1,895			
13A					1,882	1,882		
14	Medi-Cal SMA Upper Limits				804			
14A					3,393		3,393	
15	Medi-Cal Published Charges				783			
15A					2,925		2,925	
16	Medi-Cal Negotiated Rates							
16A								
17	Medicare/Medi-Cal Crossover Costs							
17A								
18	Medicare/Medi-Cal Crossover SMA Upper Limits							
18A								
19	Medicare/Medi-Cal Crossover Published Charges							
19A								
20	Medicare/Medi-Cal Crossover Negotiated Rates							
20A								
21	Enhanced SD/MC Costs							
21A								
22	Enhanced SD/MC SMA Upper Limits							
22A								
23	Enhanced SD/MC Published Charges							
23A								
24	Enhanced SD/MC Negotiated Rates							
24A								
25	Enhanced SD/MC (Refugees) Costs							
26	Enhanced SD/MC (Refugees) SMA Upper Limits							
27	Enhanced SD/MC (Refugees) Published Charges							
28	Enhanced SD/MC (Refugees) Negotiated Rates							
29	Healthy Families Costs							
29A								
30	Healthy Families SMA Upper Limits							
30A								
31	Healthy Families Published Charges							
31A								
32	Healthy Families Negotiated Rates							
32A								
33	Non-Medi-Cal Costs			650	505	145		

State of California Health and Human Services Agency		Department of Mental Health						
DETAIL COST REPORT								
ALLOCATION OF COSTS TO SERVICE								
FUNCTIONS - MODE TOTAL								
<div style="display: flex; justify-content: space-between;"> MH 1966 (Rev. 5/08) PAGE 1 OF 1 FISCAL YEAR 2007 - 2008 </div>								
<div style="text-align: center;"> County: California County Code: 87 </div>								
Legal Entity: Children Rescue Network		A	B	C	D	E	F	G
Legal Entity Number: 09999		Mode Total	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function
Mode: 45 - Outreach Services								
1	Allocation Percentage							
2	Total Units							
3	Gross Cost							
4	Cost per Unit							
5	Non-Medi-Cal Units							
6	Non-Medi-Cal Costs							

State of California Health and Human Services Agency

Department of Mental Health

DETAIL COST REPORT

**ALLOCATION OF COSTS TO SERVICE
FUNCTIONS - MODE TOTAL**

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MH 1966 (Rev. 5/08)

FISCAL YEAR 2007 - 2008

County: California

County Code: 87

CR

CR

Legal Entity: Children Rescue Network		A	B	C	D	E	F	G
Legal Entity Number: 09999			Service	Service	Service	Service	Service	Service
Mode: 60 - Support Services		Mode Total	Function	Function	Function	Function	Function	Function
			75	75				
1	Allocation Percentage	100.00%		100.00%				
2	Total Units		5	656				
3	Gross Cost	2,633		2,633				
4	Cost per Unit			4.01				
5	Non-Medi-Cal Units (Same as Line 2)		5	656				
6	Non-Medi-Cal Costs (Same as Line 3)	2,633		2,633				

State of California Health and Human Services Agency

Department of Mental Health

DETAIL COST REPORT

DETERMINATION OF SD/MC DIRECT SERVICES AND MAA REIMBURSEMENT

MH 1968 (Rev. 5/08)

FISCAL YEAR 2007 - 2008

County: California County Code: 87 Legal Entity: Children Rescue Network Legal Entity Number: 09999			REIMBURSEMENT TYPE				PC	PC			I	J	K
			A	B	C	D	E	F	G	H	Total Outpatient Exclude Program (2)	Mode 15 Outpatient Services Program (2)	Total Outpatient (Col. I + Col. J)
			Mode 55			Total MAA	Total Inpatient Mode 05 Hospital Inpatient Services	Mode 05 Other 24 Hour Services	Mode 10 Day Services	Mode 15 Outpatient Services Program (1)			
			S. F.'s 01-09	S. F.'s 11-19, 31-39	S. F.'s 21-29								
1	Medi-Cal Costs	07/01/07 - 02/29/08											
1A		03/01/08 - 06/30/08							14,670	1,895	16,565		16,565
2	Medi-Cal SMA	07/01/07 - 02/29/08								1,892	1,892		1,892
2A		03/01/08 - 06/30/08							3,122	804	3,926		3,926
3	Medi-Cal P. C.	07/01/07 - 02/29/08								3,393	3,393		3,393
3A		03/01/08 - 06/30/08							3,036	783	3,819		3,819
4	Medi-Cal N. R.	07/01/07 - 02/29/08								2,925	2,925		2,925
4A		03/01/08 - 06/30/08											
5	Medi-Cal Gross Reimbursement	07/01/07 - 02/29/08							3,036	783	3,819		3,819
5A		03/01/08 - 06/30/08								2,925	2,925		2,925
6	Medicare/Medi-Cal Crossover Cost	07/01/07 - 02/29/08											
6A		03/01/08 - 06/30/08											
7	Medicare/Medi-Cal Crossover SMA	07/01/07 - 02/29/08											
7A		03/01/08 - 06/30/08											
8	Medicare/Medi-Cal Crossover P. C.	07/01/07 - 02/29/08											
8A		03/01/08 - 06/30/08											
9	Medicare/Medi-Cal Crossover N. R.	07/01/07 - 02/29/08											
9A		03/01/08 - 06/30/08											
10	Medicare/Medi-Cal Crossover Gross Reim.	07/01/07 - 02/29/08											
10A		03/01/08 - 06/30/08											
11	Total SD/MC + Crossover Gross Reim.	07/01/07 - 02/29/08							3,036	783	3,819		3,819
11A		03/01/08 - 06/30/08								2,925	2,925		2,925
12	Enhanced SD/MC (Children) Cost	07/01/07 - 02/29/08											
12A		03/01/08 - 06/30/08											
13	Enhanced SD/MC (Children) SMA	07/01/07 - 02/29/08											
13A		03/01/08 - 06/30/08											
14	Enhanced SD/MC (Children) P. C.	07/01/07 - 02/29/08											
14A		03/01/08 - 06/30/08											
15	Enhanced SD/MC (Children) N. R.	07/01/07 - 02/29/08											
15A		03/01/08 - 06/30/08											
16	Enhanced SD/MC (Children) Gross Reim.	07/01/07 - 02/29/08											
16A		03/01/08 - 06/30/08											
17	Enhanced SD/MC (Refugees) Cost	07/01/07 - 06/30/08											
18	Enhanced SD/MC (Refugees) SMA	07/01/07 - 06/30/08											
19	Enhanced SD/MC (Refugees) P. C.	07/01/07 - 06/30/08											
20	Enhanced SD/MC (Refugees) N. R.	07/01/07 - 06/30/08											
21	Total Medi-Cal Gross Reimbursement (Excludes Refugees)	07/01/07 - 02/29/08							3,036	783	3,819		3,819
21A		03/01/08 - 06/30/08								2,925	2,925		2,925
22	Enhanced SD/MC (Refugees) Gross Reim.	07/01/07 - 06/30/08											
23	Healthy Families Cost	07/01/07 - 02/29/08											
23A		03/01/08 - 06/30/08											
24	Healthy Families SMA	07/01/07 - 02/29/08											
24A		03/01/08 - 06/30/08											
25	Healthy Families P. C.	07/01/07 - 02/29/08											
25A		03/01/08 - 06/30/08											
26	Healthy Families N. R.	07/01/07 - 02/29/08											
26A		03/01/08 - 06/30/08											
27	Healthy Families Gross Reim.	07/01/07 - 02/29/08											
27A		03/01/08 - 06/30/08											
Less: Patient and Other Payor Revenue													
28	SD/MC + Crossover Revenue	07/01/07 - 02/29/08											
28A		03/01/08 - 06/30/08											
29	Enhanced SD/MC (Children) Revenue												
30	Enhanced SD/MC (Refugees) Revenue												
31	Healthy Families Revenue												
32	Total Expenditures from MAA (Mode 55)												
33	Medi-Cal Eligibility Factor (Average)												
34	Revenue - MAA												
35	Net Due - SD/MC for Direct Services	07/01/07 - 02/29/08							3,036	783	3,819		3,819
35A		03/01/08 - 06/30/08								2,925	2,925		2,925
36	Net Due - Enhanced SD/MC (Refugees)												
37	Net Due - Healthy Families	07/01/07 - 02/29/08											
37A		03/01/08 - 06/30/08											
Amount Negotiated Rates Exceed Costs													
38	SD/MC (Includes Children)	07/01/07 - 02/29/08											
38A		03/01/08 - 06/30/08											
39	Enhanced SD/MC (Refugees)												
40	Healthy Families	07/01/07 - 02/29/08											
40A		03/01/08 - 06/30/08											

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State of California Health and Human Services Agency

Department of Mental Health

DETAIL COST REPORT

SD/MC PRELIMINARY DESK SETTLEMENT

MH 1979 (Rev. 5/08)

FISCAL YEAR 2007 - 2008

County: California
County Code: 87

Legal Entity: Children Rescue Network		A	B	C	D	E	F	G	H	I	J
Legal Entity Number: 09999		Total MAA	Total Inpatient	Total Outpatient	Total	50.00% FFP	50.00% FFP	50.00% FFP	Variable % FFP	75.00% FFP	Total FFP
SD/MC Administrative Reimbursement (County Only)											
1	County SD/MC Direct Service Gross Reimbursement										
2	Contract Providers Medi-Cal Direct Service Gross Reimbursement										
3	Total Medi-Cal Direct Service Gross Reimbursement										
4	Medi-Cal Administrative Reimbursement Limit										
5	Medi-Cal Administration										
6	Medi-Cal Administrative Reimbursement										
Healthy Families Administrative Reimbursement (County Only)											
7	County Healthy Families Direct Service Gross Reimbursement										
7A	Contract Providers Healthy Families Direct Service Gross Reim.										
7B	Total Healthy Families Direct Service Gross Reimbursement										
8	Healthy Families Administrative Reimbursement Limit										
9	Healthy Families Administration										
10	Healthy Families Administrative Reimbursement										
SD/MC Net Reimbursement for MAA											
11	Medi-Cal Admin. Activities Svc Functions 01 - 09										
12	Medi-Cal Admin. Activities Svc Functions 11 - 19, 31 - 39										
13	Medi-Cal Admin. Activities Svc Functions 21 - 29 (County Only)										
14	Utilization Review-Skilled Prof. Med. Personnel (County Only)										
15	Other SD/MC Utilization Review (County Only)										
16	SD/MC Net Reimbursement for Direct Services 07/01/07 - 02/29/08			3,819	3,819		1,910				1,910
16A	SD/MC Net Reimbursement for Direct Services 03/01/08 - 06/30/08			2,925	2,925			1,463			1,463
17	Enhanced SD/MC Net Reimb. (Children) 07/01/07 - 02/29/08										
17A	Enhanced SD/MC Net Reimb. (Children) 03/01/08 - 06/30/08										
18	Enhanced SD/MC Net Reimb. (Refugees)										
19	Total SD/MC Reimbursement Before Excess FFP										3,372
20	Amount Negotiated Rates Exceed Costs - SD/MC & Enh. SD/MC										
21	Total SD/MC Reimbursement (FFP)										3,372
22	Contract Limitation Adjustment										
23	Adjusted Total SD/MC Reimbursement (FFP)										3,372
24	Healthy Families Net Reimbursement 07/01/07 - 02/29/08										
24A	Healthy Families Net Reimbursement 03/01/08 - 06/30/08										
25	Total Healthy Families Reimbursement Before Excess FFP										
26	Amount Negotiated Rates Exceed Costs - Healthy Families										
27	Total Healthy Families Reimbursement										

STATE SHARE OF SD/MC COST

Line 6: Column D minus Column E	
Line 10: Column D minus Column H	
Line 11: Column D minus Column E	
Line 12: Column D minus Column E	
Line 13: Column D minus Column I	
Line 14: Column D minus Column I	
Line 15: Column D minus Column E	
Line 16: Column D minus Column F	1,910
Line 16A: Column D minus Column G	1,463
Line 17: Column D minus Column H	
Line 17A: Column D minus Column H	
Line 18: Column D minus Column H	
Line 24: Column D minus Column H	
Line 24A: Column D minus Column H	
TOTAL STATE SHARE SD/MC COST	3,372

State of California Health and Human Services Agency

Department of Mental Health

DETAIL COST REPORT

FUNDING SOURCES

MH 1992 (Rev. 5/08)

FISCAL YEAR 2007 - 2008

County: California
County Code: 87

Legal Entity: Children Rescue Network		A	B	C	D	E	F	G	H	I	J
Legal Entity No.: 09999		Admin./ Research & Evaluation	Utilization Review	Mode 05 - Hospital Inpatient	Mode 05 - Other 24 Hour Services	Mode 10 - Day Services	Mode 15 - Outpatient Services	Mode 45 - Outreach Services	Mode 55 - MAA	Mode 60 - Support Services	Total Legal Entity
				Direct Services/MAA							
1	Gross Cost					34,231	4,427			2,633	41,291
2	Adjustments										
3	Adjusted Gross Cost					34,231	4,427			2,633	41,291
	Funding Sources										
	Grants										
4	SAMHSA Grants										
5	PATH Grants										
6	RWJ Grants										
7	Other Grants										
8	Total Grants Accrued										
9	Patient Fees										
10	Patient Insurance										
11	Regular/Enhanced SD/MC (FFP only)					1,518	1,854				3,372
12	Healthy Family - Fed share										
13	Medicare - Fed. Share										
14	Conservatorship Admin. Fees										
15	State General Fund-State Share										
16	State General Fund-County Match										
17	SGF-Managed Care - Outpatient										
18	06-07 Rollover - Managed Care-Other										
19	EPSDT SD/MC - State Share Est.										
20A	06-07 SGF Rollover										
20B	Other Revenue										
21	Realignment Funds/MOE					32,713	2,573				35,286
22	Prior Years MHSA										
23	MHSA									2,633	2,633
24	County Overmatch										
25	CALWORKS										
26	Total Funding Sources					34,231	4,427			2,633	41,291

CROSSCHECKS

OK

OK

OK MH1979 SDMC MATCH

OK MH1979 HF MATCH

OK

EDIT CHECKS

Line 3 = Line 24? OK
Amt. to Balance to Line 3:OK
0OK
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APPENDIX C

Sample Detail Cost Report (Contract Provider Legal Entity Non-Medi-Cal)

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State of California Health and Human Services Agency	Department of Mental Health
DETAIL COST REPORT INFORMATION SHEET MH1900 (Rev. 5/08)	
FISCAL YEAR 2007 - 2008	
SECTION I: ALL LEGAL ENTITIES: <i>All Legal Entities are to complete Section I.</i>	
Name of Preparer:	Team Member
Date:	Current Date
Legal Entity Name:	Mental Health Foundation
Legal Entity Number:	09998
County:	California
County Code:	87
Is this a County Legal Entity Report? (Y or N)	No ▼
Are you reporting SD/MC? (Y or N)	No ▼
HOME	MH1901_Schedule_A >>
SECTION II: COUNTY LEGAL ENTITY ONLY: <i>Only County Legal Entities are to Complete Section II.</i>	
Address:	
Phone Number:	
County Population: Over 125,000? (Y or N)	Yes ▼
Contract Provider Medi-Cal Direct Service Gross Reimbursement <i>(Used to populate MH1979 Line 2)</i>	
Inpatient Services	
Outpatient Services	
Contract Provider Healthy Families Direct Service Gross Reimbursement <i>(Used to populate MH1979 Line 7)</i>	
Inpatient Services	
Outpatient Services	
Total State Share of SD/MC Cost:	
Fee For Service - Mental Health Specialty Provider Numbers For Individual and Group	
Mode&SF -->	
Legal Entity Number (FFS):	
Psychiatrist:	
Psychologist:	
Mixed Specialty Group:	
RN:	
LCSW:	
MFCC (MFT):	
Adjust Medi-Cal FFP Due to Contract Limitation (Used to populate MH1979 Line 22J)	
Mode 05 - Hospital Inpatient Services	
Mode 05 - Other 24 Hour Services	
Mode 10 - Day Services	
Mode 15 - Outpatient Services	
Contract Limitation Adjustment Total	\$ -
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State of California Health and Human Services Agency				Department of Mental Health			
DETAIL COST REPORT							
SCHEDULE OF STATEWIDE MAXIMUM ALLOWANCES, NEGOTIATED RATES AND PUBLISHED CHARGES							
MH 1901 SCHEDULE A (Rev. 5/08)				FISCAL YEAR 2007 - 2008			
Entity Name: <u>Mental Health Foundation</u>				Entity Number: <u>09998</u>			
Fiscal Year: <u>2007 - 2008</u>		07/01/07 - 02/29/08					
	A	B	C	D	E	F	G
SERVICE FUNCTION	MODE	SERVICE FUNCTION CODE	SMA	STATE APPROVED (NR)	PUBLISHED CHARGE	COUNTY NON M/C CONTRACT RATE	RATE FOR ALLOCATION
A. 24 - HOUR SERVICES							
1 Hospital Inpatient	05	10 - 18	\$1,035.57				\$0.00
2 Hospital Administrative Day	05	19	\$311.32				\$0.00
3 Psychiatric Health Facility (PHF)	05	20 - 29	\$555.20				\$0.00
4 SNF Intensive	05	30 - 34					\$0.00
5 IMD Basic (No Patch)	05	35					\$0.00
6 IMD (With Patch)	05	36 - 39					\$0.00
7 Adult Crisis Residential	05	40 - 49	\$313.08				\$0.00
8 Jail Inpatient	05	50 - 59					\$0.00
9 Residential Other	05	60 - 64					\$0.00
10 Adult Residential	05	65 - 79	\$152.71				\$0.00
11 Semi - Supervised Living	05	80 - 84					\$0.00
12 Independent Living	05	85 - 89					\$0.00
13 MH Rehab Centers	05	90 - 94					\$0.00
B. DAY SERVICES							
14 Crisis Stabilization Emergency Room	10	20 - 24	\$97.19				\$0.00
15 Urgent Care	10	25 - 29	\$97.19				\$0.00
16 Vocational Services	10	30 - 39					\$0.00
17 Socialization	10	40 - 49					\$0.00
18 SNF Augmentation	10	60 - 69					\$0.00
19 Day Treatment Intensive Half Day	10	81 - 84	\$148.17				\$0.00
20 Full Day	10	85 - 89	\$208.10				\$0.00
21 Day Rehabilitation Half Day	10	91 - 94	\$86.43				\$0.00
22 Full Day	10	95 - 99	\$134.91				\$0.00
C. OUTPATIENT SERVICES							
23 Case Management, Brokerage	15	01 - 09	\$2.08				\$0.00
24 Mental Health Services	15	10 - 19	\$2.68				\$0.00
25 Mental Health Services	15	30 - 59	\$2.68				\$0.00
26 Medication Support	15	60 - 69	\$4.96				\$0.00
27 Crisis Intervention	15	70 - 79	\$3.99				\$0.00
D. OUTREACH SERVICES							
28 Mental Health Promotion	45	10 - 19					\$0.00
29 Community Client Services	45	20 - 29					\$0.00
E. MEDI-CAL ADMINISTRATIVE ACTIVITIES							
30 Medi-Cal Outreach	55	01 - 03		MEDI-CAL ELIGIBILITY FACTOR			
31 Medi-Cal Eligibility Intake	55	04 - 06		Quarter 1			
32 Medi-Cal Contract Administration	55	07 - 08		Quarter 2			
33 MAA Coordination and Claims Administration	55	09		Quarter 3			
34 Referral - Crisis, Non-Open Case	55	11 - 13		Quarter 4			
35 MH Services Contract Administration	55	14 - 16		Average			
36 Discounted Mental Health Outreach	55	17 - 19					
37 SPMP Case Management, Non-Open Case	55	21 - 23					
38 SPMP Program Planning and Development	55	24 - 26					
39 SPMP MAA Training	55	27 - 29					
40 Non-SPMP Case Management, Non-Open Case	55	31 - 34					
41 Non-SPMP Program Planning and Development	55	35 - 39					
F. SUPPORT SERVICES							
42 Conservatorship Investigation	60	20 - 29					\$0.00
43 Administration	60	30 - 39					\$0.00
44 Life Support/Board & Care	60	40 - 49					\$0.00
45 Case Management Support	60	60 - 69					\$0.00
46 Client Housing Support Expenditures	60	70					\$0.00
47 Client Housing Operating Expenditures	60	71					\$0.00
48 Client Flexible Support Expenditures	60	72					\$0.00
48 Non Medi-Cal Capital Assets	60	75					\$0.00
48 Other Non Medi-Cal Client Support Expenditures	60	78					\$0.00

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State of California Health and Human Services Agency				Department of Mental Health			
DETAIL COST REPORT							
SCHEDULE OF STATEWIDE MAXIMUM ALLOWANCES, NEGOTIATED RATES AND PUBLISHED CHARGES							
MH 1901 SCHEDULE A Supplement (Rev. 5/08)				FISCAL YEAR 2007 - 2008			
Entity Name: <u>Mental Health Foundation</u>				Entity Number: <u>09998</u>			
Fiscal Year: <u>2007 - 2008</u>		03/01/08 - 06/30/08					
	A	B	C	D	E	F	G
SERVICE FUNCTION	MODE	SERVICE FUNCTION CODE	SMA	STATE APPROVED (NR)	PUBLISHED CHARGE	COUNTY NON M/C CONTRACT RATE	RATE FOR ALLOCATION
A. 24 - HOUR SERVICES							
1 Hospital Inpatient	05	10 - 18	\$1,035.57				\$0.00
2 Hospital Administrative Day	05	19	\$311.32				\$0.00
3 Psychiatric Health Facility (PHF)	05	20 - 29	\$555.20				\$0.00
4 SNF Intensive	05	30 - 34					\$0.00
5 IMD Basic (No Patch)	05	35					\$0.00
6 IMD (With Patch)	05	36 - 39					\$0.00
7 Adult Crisis Residential	05	40 - 49	\$313.08				\$0.00
8 Jail Inpatient	05	50 - 59					\$0.00
9 Residential Other	05	60 - 64					\$0.00
10 Adult Residential	05	65 - 79	\$152.71				\$0.00
11 Semi - Supervised Living	05	80 - 84					\$0.00
12 Independent Living	05	85 - 89					\$0.00
13 MH Rehab Centers	05	90 - 94					\$0.00
B. DAY SERVICES							
14 Crisis Stabilization Emergency Room	10	20 - 24	\$94.54				\$0.00
15 Urgent Care	10	25 - 29	\$94.54				\$0.00
16 Vocational Services	10	30 - 39					\$0.00
17 Socialization	10	40 - 49					\$0.00
18 SNF Augmentation	10	60 - 69					\$0.00
19 Day Treatment Intensive Half Day	10	81 - 84	\$144.13				\$0.00
20 Full Day	10	85 - 89	\$202.43				\$0.00
21 Day Rehabilitation Half Day	10	91 - 94	\$84.08				\$0.00
22 Full Day	10	95 - 99	\$131.24				\$0.00
C. OUTPATIENT SERVICES							
23 Case Management, Brokerage	15	01 - 09	\$2.02				\$0.00
24 Mental Health Services	15	10 - 19	\$2.61				\$0.00
25 Mental Health Services	15	30 - 59	\$2.61				\$0.00
26 Medication Support	15	60 - 69	\$4.82				\$0.00
27 Crisis Intervention	15	70 - 79	\$3.88				\$0.00
D. OUTREACH SERVICES							
28 Mental Health Promotion	45	10 - 19					\$0.00
29 Community Client Services	45	20 - 29					\$0.00
E. MEDI-CAL ADMINISTRATIVE ACTIVITIES							
30 Medi-Cal Outreach	55	01 - 03		MEDI-CAL ELIGIBILITY FACTOR			
31 Medi-Cal Eligibility Intake	55	04 - 06		Quarter 1			
32 Medi-Cal Contract Administration	55	07 - 08		Quarter 2			
33 MAA Coordination and Claims Administration	55	09		Quarter 3			
34 Referral - Crisis, Non-Open Case	55	11 - 13		Quarter 4			
35 MH Services Contract Administration	55	14 - 16		Average			
36 Discounted Mental Health Outreach	55	17 - 19					
37 SPMP Case Management, Non-Open Case	55	21 - 23					
38 SPMP Program Planning and Development	55	24 - 26					
39 SPMP MAA Training	55	27 - 29					
40 Non-SPMP Case Management, Non-Open Case	55	31 - 34					
41 Non-SPMP Program Planning and Development	55	35 - 39					
F. SUPPORT SERVICES							
42 Conservatorship Investigation	60	20 - 29					\$0.00
43 Administration	60	30 - 39					\$0.00
44 Life Support/Board & Care	60	40 - 49					\$0.00
45 Case Management Support	60	60 - 69					\$0.00
46 Client Housing Support Expenditures	60	70					\$0.00
47 Client Housing Operating Expenditures	60	71					\$0.00
48 Client Flexible Support Expenditures	60	72					\$0.00
48 Non Medi-Cal Capital Assets	60	75			\$12.00		\$0.00
48 Other Non Medi-Cal Client Support Expenditures	60	78					\$0.00

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State of California Health and Human Services Agency

Department of Mental Health

DETAIL COST REPORT

WORKSHEET FOR UNITS OF SERVICE AND REVENUE BY MODE AND SERVICE FUNCTION

MH 1901 SCHEDULE B (Rev. 5/08)

FISCAL YEAR 2007 - 2008

Entity Name: Mental Health FoundationEntity Number: 09998Fiscal Year: 2007 - 2008**07/01/07 - 02/29/08**

Settlement Types	CR - Cost Reimburse	MAA - Medi-Cal Administrative Activities
	NR - Negotiated Rate	MHS - Mental Health Specialty
	TBS - Therapeutic Behavioral Services	ISA - Integrated Service Agency
	ASO - Administrative Services Organization	CAW - CALWORKS Services

	A	B	C	D	E	G	H	J	K	M	O	P	Q	R	T	U
					SD/MC DATA		MEDICARE/MEDI-CAL CROSSOVER DATA		MEDI-CAL PATIENT AND OTHER PAYOR DATA	ENHANCED SHORT DOYLE MEDI-CAL DATA				HEALTHY FAMILIES (SED) DATA		
	Settlement Type	Mode	SF	Total Units of Service	Units	Total Units	Units	Total Medicare/SD/MC Crossover Units	Revenue	Units (Children)	3rd Party Revenue (Children)	Units (Refugees)	3rd Party Revenue (Refugees)	Units	3rd Party Revenue	Non Medi-Cal Units
1	CR	15	01	131												131
2	CR	15	69													
3	CR	45	10													
4																
5																
6																
7																
8																
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15																
16																
17																
18																
19																
20																
21																
22																
23																
24																
84																
Totals				131												131

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MH1961 >>
MEDI-CAL
ADJUSTMENTS TO
COSTS

MH1962 >>
OTHER COSTS

MH1963 >>
PAYMENT TO
CONTRACT PROVIDERS

MH1960 >>
CALCULATION OF
PROGRAM COSTS

State of California Health and Human Services Agency

Department of Mental Health

DETAIL COST REPORT

WORKSHEET FOR UNITS OF SERVICE AND REVENUE BY MODE AND SERVICE FUNCTION

MH 1901 SCHEDULE B Supplement (Rev. 5/08)

FISCAL YEAR 2007 - 2008

Entity Name: Mental Health Foundation

Entity Number: 09998

Fiscal Year: 2007 - 2008

03/01/08 - 06/30/08

Settlement Types	CR - Cost Reimburse	MAA - Medi-Cal Administrative Activities
	NR - Negotiated Rate	MHS - Mental Health Specialty
	TBS - Therapeutic Behavioral Services	ISA - Integrated Service Agency
	ASO - Administrative Services Organization	CAW - CALWORKS Services

A	B	C	D	F	G	I	J	L	N	O	P	Q	S	T	U
				SD/MC DATA		MEDICARE/MEDI-CAL Crossover DATA		MEDI-CAL PATIENT AND OTHER PAYOR DATA	ENHANCED SHORT DOYLE MEDI-CAL DATA				HEALTHY FAMILIES (SED) DATA		
Settlement Type	Mode	SF	Total Units of Service	Units	Total Units	Units	Total Medicare/SD/MC Crossover Units	REVENUE	Units (Children)	3rd Party Revenue (Children)	Units (Refugees)	3rd Party Revenue (Refugees)	Units	3rd Party Revenue	Non Medi-Cal Units
1	CR	15	01												
2	CR	15	69	11											11
3	CR	45	10	50											50
4															
5															
6															
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18															
19															
20															
21															
22															
23															
24															
84															
Totals			61												61

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MH1961 >>
MEDI-CAL
ADJUSTMENTS TO
COSTS

MH1962 >>
OTHER COSTS

MH1963 >>
PAYMENT TO
CONTRACT PROVIDERS

MH1960 >>
CALCULATION OF
PROGRAM COSTS

State of California Health and Human Services Agency						Department of Mental Health											
DETAIL COST REPORT SUPPORTING DOCUMENTATION FOR THE METHOD USED TO ALLOCATE TOTALS TO MODE OF SERVICE & SERVICE FUNCTION																	
MH 1901 SCHEDULE C (Rev. 5/08)						FISCAL YEAR 2007 - 2008											
Entity Name: <u>Mental Health Foundation</u>						Entity Number: <u>09998</u>											
Fiscal Year: <u>2007 - 2008</u>						COSTS TO BE ALLOCATED Allowable Mode Costs (MH1960 Line 18, Col. C) 5,472											
<input type="radio"/> Allocation <input type="radio"/> Rate for Allocation <input type="radio"/> SMA Rate <input type="radio"/> Published Charges <input checked="" type="radio"/> Directly Allocated																	
A		B		C		D		E		F		G		H		I	
Settlement Type	Mode	SF	Total Units	Eligible Direct Cost	Allocation Basis	Directly Allocated Data	Relative Value	Allocation %	Allocated Cost								
1S	CR	15	01	131		728	N/A	13.30%	728								
2	CR	15	69				N/A										
2S	CR	15	69	11		3,900	N/A	71.27%	3,900								
3	CR	45	10				N/A										
3S	CR	45	10	50		844	N/A	15.42%	844								
4																	
4S																	
5																	
5S																	
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83S																	
84																	
84S																	
Totals				192		5,472		100%	5,472								

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Summary

Mode	Allocated Cost	Allocated %	Settlement Type	Allocated Cost
5 10-19		0.00%	TBS	
5 Other		0.00%	ASO	
10		0.00%	MHS	
15 Program_1	4,628	84.58%		
45	844	15.42%	Total	
55		0.00%		
60		0.00%		
Total	5,472	100.00%		

State of California Health and Human Services Agency		Department of Mental Health		
DETAIL COST REPORT				
MEDI-CAL ADJUSTMENTS TO COSTS				
MH 1961 (Rev. 5/08)				
FISCAL YEAR 2007 - 2008				
County: California				
County Code: 87				
Legal Entity: Mental Health Foundation		A	B	C
Legal Entity Number: 09998		Salaries and Benefits	Other	Total Adjustments
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20	Total Adjustments			
		Crosscheck 0 OK		
HOME		<< MH1901_Schedule_B	<< MH1991	MH1962 >>
		MH1960 >>		

State of California Health and Human Services Agency		Department of Mental Health		
DETAIL COST REPORT				
OTHER ADJUSTMENTS				
MH 1962 (Rev. 5/08)				
FISCAL YEAR 2007 - 2008				
County: California				
County Code: 87				
Legal Entity: Mental Health Foundation		A	B	C
Legal Entity Number: 09998		Salaries and Benefits	Other	Total Adjustments
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20	Total Adjustments			

Crosscheck
0 OK

HOME << MH1901_Schedule_B << MH1961 MH1963 >> MH1960 >>

State of California Health and Human Services Agency

Department of Mental Health

DETAIL COST REPORT

CALCULATION OF PROGRAM COSTS

MH 1960 (Rev. 5/08)

FISCAL YEAR 2007 - 2008

County: California
County Code: 87

Legal Entity: Mental Health Foundation		A	B	C
Legal Entity Number: 09998		Salaries and Benefits	Other	Total Costs
1	Mental Health Expenditures		5,472	5,472
2	Encumbrances			
3	Less: Payments to Contract Providers (County Only)			
4	Other Adjustments from MH 1962			
5	Total Costs Before Medi-Cal Adjustments		5,472	5,472
6	Medi-Cal Adjustments from MH 1961			
7	Managed Care Consolidation (County Only)			
8	Allowable Costs for Allocation			5,472
Administrative Costs (County Only)				
9	SD/MC Administration			
10	Healthy Families Administration			
11	Non-SD/MC Administration			
12	Total Administrative Costs			
Utilization Review Costs (County Only)				
13	Skilled Professional Medical Personnel			
14	Other SD/MC Utilization Review			
15	Non-SD/MC Utilization Review			
16	Total Utilization Review Costs			
17	Research and Evaluation (County Only)			
18	Mode Costs (Direct Service and MAA)			5,472
19	Total Costs - Lines 9 through 18			5,472

Crosscheck
5,472 OK
5,472 OK

HOME

MH1901_Schedule_C >>

<< MH1961

<< MH1962

<< MH1963

State of California Health and Human Services Agency

Department of Mental Health

DETAIL COST REPORT

ALLOCATION OF COSTS TO MODES OF SERVICE

MH 1964 (Rev. 5/08)

FISCAL YEAR 2007 - 2008

County: California
County Code: 87

Legal Entity: Mental Health Foundation		A
Legal Entity Number: 09998		Total Costs
1	Mode Costs (Direct Service and MAA) from MH 1960	5,472
	Modes	
2	Hospital Inpatient Services (Mode 05-SFC 10-19)	
3	Other 24 Hour Services (Mode 05-All Other SFC)	
4	Day Services (Mode 10)	
5	Outpatient Services (Mode 15 Program 1 + Program 2)	4,628
6	Outreach Services (Mode 45)	844
7	Medi-Cal Administrative Activities (Mode 55)	
8	Support Services (Mode 60)	
9	Total - Lines 2 through 8	5,472

**Crosscheck
OK**

HOME

State of California Health and Human Services Agency

Department of Mental Health

DETAIL COST REPORT

ALLOCATION OF COSTS TO SERVICE

FUNCTIONS - MODE TOTAL

MH 1966 (Rev. 5/08)

PAGE 1 OF 1
FISCAL YEAR 2007 - 2008County: California
County Code: 87

County Code: 87			CR	CR	CR	CR			
Legal Entity: Mental Health Foundation			A	B	C	D	E	F	G
Legal Entity Number: 09998			Mode Total	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function
Mode: 15 - Outpatient Services (Program 1)				01	01	69	69		
1	Allocation Percentage		100.00%	15.73%			84.27%		
2	Total Units			131			11		
3	Gross Cost		4,628	728			3,900		
4	Cost per Unit			5.56			354.55		
5	SMA per Unit			2.08	2.02	4.96	4.82		
6	Published Charge per Unit								
7	Negotiated Rate / Cost per Unit								
8	Medi-Cal Units		07/01/07 - 02/29/08						
8A			03/01/08 - 06/30/08						
9	Medicare/Medi-Cal Crossover Units		07/01/07 - 02/29/08						
9A			03/01/08 - 06/30/08						
10	Enhanced SD/MC (Children) Units		07/01/07 - 02/29/08						
10A			03/01/08 - 06/30/08						
10B	Enhanced SD/MC (Refugees) Units		07/01/07 - 06/30/08						
11	Healthy Families (SED) Units		07/01/07 - 02/29/08						
11A			03/01/08 - 06/30/08						
12	Non-Medi-Cal Units			131			11		
13	Medi-Cal Costs		07/01/07 - 02/29/08						
13A			03/01/08 - 06/30/08						
14	Medi-Cal SMA Upper Limits		07/01/07 - 02/29/08						
14A			03/01/08 - 06/30/08						
15	Medi-Cal Published Charges		07/01/07 - 02/29/08						
15A			03/01/08 - 06/30/08						
16	Medi-Cal Negotiated Rates		07/01/07 - 02/29/08						
16A			03/01/08 - 06/30/08						
17	Medicare/Medi-Cal Crossover Costs		07/01/07 - 02/29/08						
17A			03/01/08 - 06/30/08						
18	Medicare/Medi-Cal Crossover SMA Upper Limits		07/01/07 - 02/29/08						
18A			03/01/08 - 06/30/08						
19	Medicare/Medi-Cal Crossover Published Charges		07/01/07 - 02/29/08						
19A			03/01/08 - 06/30/08						
20	Medicare/Medi-Cal Crossover Negotiated Rates		07/01/07 - 02/29/08						
20A			03/01/08 - 06/30/08						
21	Enhanced SD/MC Costs		07/01/07 - 02/29/08						
21A			03/01/08 - 06/30/08						
22	Enhanced SD/MC SMA Upper Limits		07/01/07 - 02/29/08						
22A			03/01/08 - 06/30/08						
23	Enhanced SD/MC Published Charges		07/01/07 - 02/29/08						
23A			03/01/08 - 06/30/08						
24	Enhanced SD/MC Negotiated Rates		07/01/07 - 02/29/08						
24A			03/01/08 - 06/30/08						
25	Enhanced SD/MC (Refugees) Costs		07/01/07 - 06/30/08						
26	Enhanced SD/MC (Refugees) SMA Upper Limits		07/01/07 - 06/30/08						
27	Enhanced SD/MC (Refugees) Published Charges		07/01/07 - 06/30/08						
28	Enhanced SD/MC (Refugees) Negotiated Rates		07/01/07 - 06/30/08						
29	Healthy Families Costs		07/01/07 - 02/29/08						
29A			03/01/08 - 06/30/08						
30	Healthy Families SMA Upper Limits		07/01/07 - 02/29/08						
30A			03/01/08 - 06/30/08						
31	Healthy Families Published Charges		07/01/07 - 02/29/08						
31A			03/01/08 - 06/30/08						
32	Healthy Families Negotiated Rates		07/01/07 - 02/29/08						
32A			03/01/08 - 06/30/08						
33	Non-Medi-Cal Costs		4,628	728			3,900		

State of California Health and Human Services Agency				Department of Mental Health			
DETAIL COST REPORT							
ALLOCATION OF COSTS TO SERVICE							
FUNCTIONS - MODE TOTAL							
MH 1966 (Rev. 5/08)							
PAGE 1 OF 1							
FISCAL YEAR 2007 - 2008							
County: California		CR		CR			
County Code: 87							
Legal Entity: Mental Health Foundation		A	B	C	D	E	G
Legal Entity Number: 09998		Mode Total	Service Function	Service Function	Service Function	Service Function	Service Function
Mode: 45 - Outreach Services			10	10			
1	Allocation Percentage	100.00%		100.00%			
2	Total Units			50			
3	Gross Cost	844		844			
4	Cost per Unit			16.88			
5	Non-Medi-Cal Units			50			
6	Non-Medi-Cal Costs	844		844			

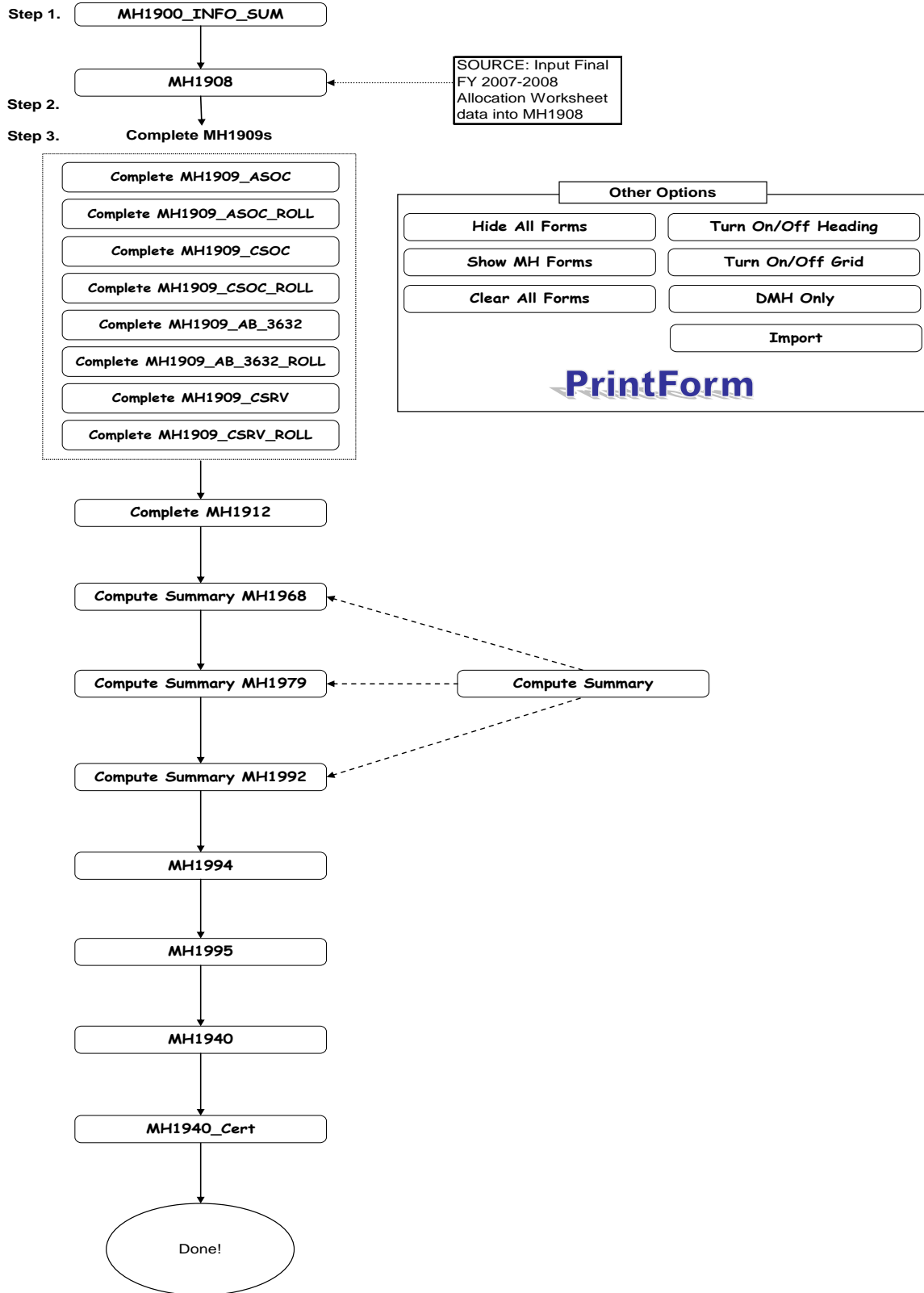
State of California Health and Human Services Agency		Department of Mental Health						
DETAIL COST REPORT ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL <div style="display: flex; justify-content: space-between; font-size: x-small;"> MH 1966 (Rev. 5/08) PAGE 1 OF 1 FISCAL YEAR 2007 - 2008 </div> <div style="margin-top: 10px; text-align: center;"> County: California County Code: 87 </div>								
Legal Entity: Mental Health Foundation		A	B	C	D	E	F	G
Legal Entity Number: 09998		Mode Total	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function
Mode: 60 - Support Services								
1	Allocation Percentage							
2	Total Units							
3	Gross Cost							
4	Cost per Unit							
5	Non-Medi-Cal Units (Same as Line 2)							
6	Non-Medi-Cal Costs (Same as Line 3)							

State of California Health and Human Services Agency											Department of Mental Health
DETAIL COST REPORT											
FUNDING SOURCES											
MH 1992 (Rev. 5/08)											FISCAL YEAR 2007 - 2008
County: California											
County Code: 87											
Legal Entity: Mental Health Foundation		A	B	C	D	E	F	G	H	I	J
Legal Entity No.: 09998		Admin./ Research & Evaluation	Utilization Review	Direct Services/MAA						Total Legal Entity	
				Mode 05 - Hospital Inpatient	Mode 05 - Other 24 Hour Services	Mode 10 - Day Services	Mode 15 - Outpatient Services	Mode 45 - Outreach Services	Mode 55 - MAA		Mode 60 - Support Services
1	Gross Cost						4,628	844			5,472
2	Adjustments										
3	Adjusted Gross Cost						4,628	844			5,472
CROSSCHECKS											
Funding Sources											
Grants											
4	SAMHSA Grants										
5	PATH Grants										
6	RWJ Grants										
7	Other Grants										
8	Total Grants Accrued										
9	Patient Fees										
10	Patient Insurance										
11	Regular/Enhanced SD/MC (FFP only)										
12	Healthy Family - Fed share										
13	Medicare - Fed. Share										
14	Conservatorship Admin. Fees										
15	State General Fund-State Share										
16	State General Fund-County Match										
17	SGF-Managed Care - Outpatient										
18	06-07 Rollover - Managed Care-Other										
19	EPSDT SD/MC - State Share Est.										
20A	06-07 SGF Rollover										
20B	Other Revenue										
21	Realignment Funds/MOE						4,628	844			5,472
22	Prior Years MHSA										
23	MHSA										
24	County Overmatch										
25	CALWORKS										
26	Total Funding Sources						4,628	844			5,472
EDIT CHECKS											
Line 3 = Line 24? OK											
Amt. to Balance to Line 3: 0 0 0 0 0 0 0 0 0 0 0 0											
		OK	OK	OK	OK	OK	OK	OK	OK	OK	OK
		0	0	0	0	0	0	0	0	0	0
		HOME	<< MH1992_INST		DONE!						

APPENDIX D

Sample Summary Cost Report (County Only)

No text this page.

Summary Flow Chart Instruction (2007-2008)

**CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY
INFORMATION SHEET
MH 1900 (05/08)****DEPARTMENT OF MENTAL HEALTH****Fiscal Year 2007-2008**

Name of Preparer:	Cost Preparer
Date Completed:	7/30/2008
County:	California
County Code:	87
Address:	912 Direct Cost Way
	Sacramento, CA 99999
Phone Number:	(911) 911-0911
	County Population: Over 125,000? (Y or N):

Summary_Flow

Compute_Summary

MH1908>>

List of Legal Entities

Legal Entity Name	Legal Entity Number	File Found?	Data Extracted?
Prop 63	00087	YES	YES
Mental Health Foundation	09998	YES	YES
Children Rescue Network	09999	YES	YES

**CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY
SUPPLEMENTAL STATE RESOURCE DATA
MH 1908 (05/08)**
DEPARTMENT OF MENTAL HEALTH
Fiscal Year 2007-2008

 County: California
 County Code: 87

PROGRAM	FINAL ALLOCATION
Community Services - Other Treatment	
Adult System of Care	
Children's Mental Health Services	
Community Services: Other Treatment for Mental Health Managed Care	\$4,305,200
<i>Managed Care Subset</i>	\$4,305,200
Mental Health Services AB 3632	\$18,578
TOTAL COMMUNITY SERVICES	\$4,323,778

PROGRAM DATA BY FUND SOURCES	FINAL ALLOCATION	PRIOR YEAR ROLLOVER ALLOCATION
4440-101-0001 (1) Community Services - Other Treatment		
4440-101-0001 Adult System of Care		
4440-101-0001 (1.5) Children's Mental Health Services		
4440-103-0001 Community Services - Other Treatment for Mental Health Managed Care	\$4,305,200	
<i>Managed Care Subset</i>	\$4,305,200	
4440-104-0001 Mental Health Services AB 3632	\$18,578	\$10,000
TOTAL FUND SOURCES	\$4,323,778	\$10,000

 Please complete
 MH1909_AB_3632
 MH1909_AB_3632_ROLL

Summary_Flow

Fiscal Year 2007-2008

Add Line

Use this to map MH1940 Line 2 Column A		
Column F Total	\$	18,578
Column G Total	\$	
Column H Total	\$	18,578
Column I Total	\$	
Column J Total	\$	
Column K Total	\$	

Footnotes:

Fiscal Year 2007-2008

Add Line

Use this to map MH1940 Line 2 Column A		
Column F Total	\$	10,000
Column G Total	\$	
Column H Total	\$	10,000
Column I Total	\$	
Column J Total	\$	
Column K Total	\$	

Footnotes:

**CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY
SUPPLEMENTAL COST REPORT DATA BY PROGRAM CATEGORY
MH 1909_SUM (05/08)**

DEPARTMENT OF MENTAL HEALTH

Fiscal Year 2007-2008

	Column F Total	Column G Total	Column H Total	Column I Total	Column J Total	Column K Total
	State Share of Net Cost	Medi-Cal/ State Share	State General Fund Total	County Matching Funds	Medi-Cal FFP Share	Other Fund Sources
MH1909_ASOC	\$	\$	\$	\$	\$	\$
MH1909_ASOC_ROLL	\$	\$	\$	\$	\$	\$
MH1909_CSOC	\$	\$	\$	\$	\$	\$
MH1909_CSOC_ROLL	\$	\$	\$	\$	\$	\$
MH1909_AB_3632	\$ 18,578	\$	\$ 18,578	\$	\$	\$
MH1909_AB_3632_ROLL	\$ 10,000	\$	\$ 10,000	\$	\$	\$
MH1909_CSRV	\$	\$	\$	\$	\$	\$
MH1909_CSRV_ROLL	\$	\$	\$	\$	\$	\$
Total No Rolls	\$ 18,578	\$	\$ 18,578	\$	\$	\$
Total Rolls	\$ 10,000	\$	\$ 10,000	\$	\$	\$
Grand Total	\$ 28,578	\$	\$ 28,578	\$	\$	\$

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY SUPPLEMENTAL COST REPORT DATA FOR SPECIAL EDUCATION PROGRAM MH1912 (05/08)												DEPARTMENT OF MENTAL HEALTH Fiscal Year 2007-2008					
<div style="border: 1px solid black; padding: 2px; display: inline-block;">Add Line</div>																	
1) COUNTY NAME California		2) FISCAL YEAR 2007-2008			3) DATE COMPLETED 7/30/2008												
4) BUDGET PROGRAM CATEGORY		5) BUDGET ITEM NUMBER			6) ALLOCATION AMOUNT \$ 18,578												
A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R
7) LEGAL ENTITY NAME:	Legal Entity Number	Mode of Service	Service Function	Units of Service			Reimburse Rate / Cost per Unit	Medi-Cal Costs					Non-Medi-Cal Costs				Total SEP Program Costs
				Medi-Cal	Non-Medi-Cal	Total		Total	FFP	County EPSDT Baseline	EPSDT County Match for Growth	EPSDT State General Funds	Total	County Matching Funds	State General Funds	Other Fund Sources	
Prop 63	00087	15	01	85		85	\$ 2.02	\$ 172	\$ 86	\$ 45	\$ 27	\$ 14	\$			\$	\$ 172
Prop 63	00087	15	01		60	60	\$ 3.24	\$				\$	\$ 194			\$ 194	\$ 194
Mental Health Foundation	09998	10	85	24		24	\$ 180.12	\$ 4,323	\$ 2,112	\$ 540	\$ 250	\$ 1,421				\$	\$ 4,323
Mental Health Foundation	09998	10	95	23		23	\$ 179.59	\$ 4,131	\$ 127	\$ 67	\$ 33	\$ 3,904				\$	\$ 4,131
Mental Health Foundation	09998	15	30		89	89	\$ 1.43	\$				\$	\$ 127			\$ 127	\$ 127
Children Rescue Network	09999	10	85	52		52	\$ 180.12	\$ 9,366	\$ 5,371	\$ 2,126	\$ 950	\$ 919				\$	\$ 9,366
Children Rescue Network	09999	15	01	53		53	\$ 2.20	\$ 117	\$ 59	\$ 27	\$ 4	\$ 27				\$	\$ 117
								\$				\$	\$			\$	\$
								\$				\$	\$			\$	\$
								\$				\$	\$			\$	\$
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								\$				\$	\$			\$	\$
								\$				\$	\$			\$	\$
								\$				\$	\$			\$	\$
								\$				\$	\$			\$	\$
8) TOTAL				237	149	386		\$ 18,109	\$ 7,755	\$ 2,805	\$ 1,264	\$ 6,285	\$ 321	\$	\$	\$ 321	\$ 18,430
9) TOTAL STATE GENERAL FUNDS												\$ 6,285		\$			\$ 6,285
Footnotes:																	

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY				SUMMARY COST REPORT										DEPARTMENT OF MENTAL HEALTH	
DETERMINATION OF SD/MC DIRECT SERVICES AND MAA REIMBURSEMENT														Fiscal Year 2007-2008	
MH 1968_SUM (05/08)															
County: California															
County Code: 87															
Legal Entity: All Reporting Legal Entities															
Legal Entity Number:															
				A	B	C	D	E	F	G	H	I	J	K	
				Mode 55			Total MAA	Total Inpatient	Mode 05		Mode 15		Total Outpatient	Total	
				S.F.'s 01-09	S.F.'s 11-19, 31-39	S.F.'s 21-29		Mode 05 Hospital Inpatient Services	Mode 05 Other 24 Hour Services	Mode 10 Day Services	Mode 15 Outpatient Services Program (1)	Exclude Program (2)	Mode 15 Outpatient Services Program (2)	(Col. I + Col. J)	
1	Medi-Cal Costs	07/01/07 - 02/29/08						105,887	12,775	550,915	1,651,395	2,215,085	169,679	2,384,764	
1A		03/01/08 - 06/30/08						45,063	6,388	887,225	724,007	1,617,620	68,446	1,686,066	
2	Medi-Cal SMA	07/01/07 - 02/29/08						483,933	27,760	1,155,132	3,549,304	4,732,196	518,000	5,250,196	
2A		03/01/08 - 06/30/08						51,779	13,880	1,848,550	1,514,393	3,377,823	194,050	3,571,873	
3	Medi-Cal P. C.	07/01/07 - 02/29/08						212,438	25,505	1,073,685	3,266,283	4,367,474		4,367,474	
3A		03/01/08 - 06/30/08						90,443	12,753	1,779,500	1,431,925	3,224,178		3,224,178	
4	Medi-Cal N. R.	07/01/07 - 02/29/08													
4A		03/01/08 - 06/30/08													
5	Medi-Cal Gross Reimbursement	07/01/07 - 02/29/08						105,887	12,775	539,281	1,650,283	2,202,339	169,679	2,372,018	
5A		03/01/08 - 06/30/08						45,063	6,388	887,225	725,050	1,618,663	68,446	1,687,109	
6	Medicare/Medi-Cal Crossover Cost	07/01/07 - 02/29/08						9,235		20,756		20,756		20,756	
6A		03/01/08 - 06/30/08													
7	Medicare/Medi-Cal Crossover SMA	07/01/07 - 02/29/08						20,711		44,451		44,451		44,451	
7A		03/01/08 - 06/30/08													
8	Medicare/Medi-Cal Crossover P. C.	07/01/07 - 02/29/08						18,510		41,685		41,685		41,685	
8A		03/01/08 - 06/30/08													
9	Medicare/Medi-Cal Crossover N. R.	07/01/07 - 02/29/08													
9A		03/01/08 - 06/30/08													
10	Medicare/Medi-Cal Crossover Gross Reim.	07/01/07 - 02/29/08						9,235		20,756		20,756		20,756	
10A		03/01/08 - 06/30/08													
11	Total SD/MC + Crossover Gross Reim.	07/01/07 - 02/29/08						115,122	12,775	560,037	1,650,283	2,223,095	169,679	2,392,774	
11A		03/01/08 - 06/30/08						45,063	6,388	887,225	725,050	1,618,663	68,446	1,687,109	
12	Enhanced SD/MC (Children) Cost	07/01/07 - 02/29/08						11,544		3,459		3,459		3,459	
12A		03/01/08 - 06/30/08													
13	Enhanced SD/MC (Children) SMA	07/01/07 - 02/29/08						25,889		7,409		7,409		7,409	
13A		03/01/08 - 06/30/08													
14	Enhanced SD/MC (Children) P. C.	07/01/07 - 02/29/08						23,138		6,948		6,948		6,948	
14A		03/01/08 - 06/30/08													
15	Enhanced SD/MC (Children) N. R.	07/01/07 - 02/29/08													
15A		03/01/08 - 06/30/08													
16	Enhanced SD/MC (Children) Gross Reim.	07/01/07 - 02/29/08						11,544		3,459		3,459		3,459	
16A		03/01/08 - 06/30/08													
17	Enhanced SD/MC (Refugees) Cost	07/01/07 - 06/30/08													
18	Enhanced SD/MC (Refugees) SMA	07/01/07 - 06/30/08													
19	Enhanced SD/MC (Refugees) P. C.	07/01/07 - 06/30/08													
20	Enhanced SD/MC (Refugees) N. R.	07/01/07 - 06/30/08													
21	Total Medi-Cal Gross Reimbursement (Excludes Refugees)	07/01/07 - 02/29/08						126,666	12,775	563,496	1,650,283	2,226,554	169,679	2,396,233	
21A		03/01/08 - 06/30/08						45,063	6,388	887,225	725,050	1,618,663	68,446	1,687,109	
22	Enhanced SD/MC (Refugees) Gross Reim.	07/01/07 - 06/30/08													
23	Healthy Families Cost	07/01/07 - 02/29/08								13,837		13,837		13,837	
23A		03/01/08 - 06/30/08									95	95		95	
24	Healthy Families SMA	07/01/07 - 02/29/08								29,634		29,634		29,634	
24A		03/01/08 - 06/30/08									202	202		202	
25	Healthy Families P. C.	07/01/07 - 02/29/08								27,790		27,790		27,790	
25A		03/01/08 - 06/30/08									189	189		189	
26	Healthy Families N. R.	07/01/07 - 02/29/08													
26A		03/01/08 - 06/30/08													
27	Healthy Families Gross Reim.	07/01/07 - 02/29/08								13,837		13,837		13,837	
27A		03/01/08 - 06/30/08									95	95		95	
28	Less: Patient and Other Payor Revenue														
28A	SD/MC + Crossover Revenue	07/01/07 - 02/29/08						10,000			20,000	20,000		20,000	
28A		03/01/08 - 06/30/08													
29	Enhanced SD/MC (Children) Revenue														
30	Enhanced SD/MC (Refugees) Revenue														
31	Healthy Families Revenue														
32	Total Expenditures from MAA (Mode 55)			47,000			105,000								
33	Medi-Cal Eligibility Factor (Average)														
34	Revenue - MAA														
35	Net Due - SD/MC for Direct Services	07/01/07 - 02/29/08		47,000			47,000	116,666	12,775	563,496	1,630,283	2,206,554	169,679	2,376,233	
35A		03/01/08 - 06/30/08						45,063	6,388	887,225	725,050	1,618,663	68,446	1,687,109	
36	Net Due - Enhanced SD/MC (Refugees)														
37	Net Due - Healthy Families	07/01/07 - 02/29/08								13,837		13,837		13,837	
37A		03/01/08 - 06/30/08									95	95		95	
38	Amount Negotiated Rates Exceed Costs														
38A	SD/MC (Includes Children)	07/01/07 - 02/29/08													
38A		03/01/08 - 06/30/08													
39	Enhanced SD/MC (Refugees)														
40	Healthy Families	07/01/07 - 02/29/08													
40A		03/01/08 - 06/30/08													

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY			SUMMARY COST REPORT								DEPARTMENT OF MENTAL HEALTH	
SUMMARY SD/MC PRELIMINARY DESK SETTLEMENT MH 1979_SUM (05/08)											Fiscal Year 2007-2008	
County: California County Code: 87												
Legal Entity: All Reporting Legal Entities			A	B	C	D	E	F	G	H	I	J
Legal Entity Number:			Total MAA	Total Inpatient	Total Outpatient	Total	50% FFP	54.35% FFP	52.95% FFP	Variable % FFP	75% FFP	Total FFP
SD/MC Administrative Reimbursement (County Only)												
1	County SD/MC Direct Service Gross Reimbursement			171,729	4,076,597	4,248,326						
2	Contract Provider Medi-Cal Direct Service Gross Reimbursement			2,071,820	6,745	2,078,565						
3	Total Medi-Cal Direct Service Gross Reimbursement					6,326,891						
4	Medi-Cal Administrative Reimbursement Limit					949,034						
5	Medi-Cal Administration					800,000						
6	Medi-Cal Administrative Reimbursement					800,000	400,000					400,000
Healthy Families Administrative Reimbursement (County Only)												
7	County Healthy Families Direct Service Gross Reimbursement				13,932	13,932						
7A	Contract Providers Healthy Families Direct Service Gross Reim.											
7B	Total Healthy Families Direct Service Gross Reimbursement					13,932						
8	Healthy Families Administrative Reimbursement Limit					1,393						
9	Healthy Families Administration					50,000						
10	Healthy Families Administrative Reimbursement					1,393			906			906
SD/MC Net Reimbursement for MAA												
11	Medi-Cal Admin. Activities Svc Functions 01 - 09		47,000			47,000	23,500					23,500
12	Medi-Cal Admin. Activities Svc Functions 11 - 19, 31 - 39											
13	Medi-Cal Admin. Activities Svc Functions 21 - 29 (County Only)											
14	Utilization Review-Skilled Prof. Med. Personnel (County Only)					100,000					75,000	75,000
15	Other SD/MC Utilization Review (County Only)					80,000	40,000					40,000
16	SD/MC Net Reimbursement for Direct Services	07/01/07 - 02/29/08		105,122	2,372,774	2,477,896		1,238,948				1,238,948
16A		03/01/08 - 06/30/08		45,063	1,687,109	1,732,172			866,086			866,086
17	Enhanced SD/MC Net Reimb. (Children)	07/01/07 - 02/29/08		11,544	3,459	15,003				9,752		9,752
17A		03/01/08 - 06/30/08										
18	Enhanced SD/MC Net Reimb. (Refugees)											
19	Total SD/MC Reimbursement Before Excess FFP											2,653,286
20	Amount Negotiated Rates Exceed Costs - SD/MC & Enh. SD/MC											
21	Total SD/MC Reimbursement (FFP)											2,653,286
22	Contract Limitation Adjustment											
23	Adjusted Total SD/MC Reimbursement (FFP)											2,653,286
24	Healthy Families Net Reimbursement	07/01/07 - 02/29/08			13,837	13,837				8,994		8,994
24A		03/01/08 - 06/30/08			95	95				62		62
25	Total Healthy Families Reimbursement Before Excess FFP											9,961
26	Amount Negotiated Rates Exceed Costs - Healthy Families											
27	Total Healthy Families Reimbursement											9,961

STATE SHARE OF SD/MC COST	
Line 6: Column D minus Column E	400,000
Line 10: Column D minus Column H	488
Line 11: Column D minus Column E	23,500
Line 12: Column D minus Column E	
Line 13: Column D minus Column I	
Line 14: Column D minus Column I	25,000
Line 15: Column D minus Column E	40,000
Line 16: Column D minus Column F	1,238,948
Line 16A: Column D minus Column G	866,086
Line 17: Column D minus Column H	5,251
Line 17A: Column D minus Column H	
Line 18: Column D minus Column H	
Line 24: Column D minus Column H	4,843
Line 24A: Column D minus Column H	33
TOTAL STATE SHARE SD/MC COST	2,604,148

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY				SUMMARY COST REPORT								DEPARTMENT OF MENTAL HEALTH	
SUMMARY FUNDING SOURCES MH 1992 SUM (05/08)												Fiscal Year 2007-2008	
County: California County Code: 87													
Legal Entity: All Reporting Legal Entities		A	B	C	D	E	F	G	H	I	J	CROSSCHECKS	
Legal Entity No.:		Admin./ Research & Evaluation	Utilization Review	Mode 05 - Hospital Inpatient	Mode 05 - Other 24 Hour Services	Mode 10 - Day Services	Mode 15 - Outpatient Services	Mode 45 - Outreach Services	Mode 55 - MAA	Mode 60 - Support Services	Total Legal Entity		
1	Gross Cost	1,200,000	250,000	440,425	76,650	3,932,741	6,906,305	844	105,000	552,633	13,464,598	OK	
2	Adjustments												
3	Adjusted Gross Cost	1,200,000	250,000	440,425	76,650	3,932,741	6,906,305	844	105,000	552,633	13,464,598		
	Funding Sources											OK	
	Grants												
4	SAMHSA Grants												
5	PATH Grants												
6	RWJ Grants												
7	Other Grants												
8	Total Grants Accrued												
9	Patient Fees												
10	Patient Insurance												
11	Regular SD/MC (FFP only)	400,000	115,000	82,596	9,581	725,879	1,296,729		23,500		2,653,286		
12	Healthy Family - Fed share	906				8,994	62				9,961		
13	Medicare - Fed. Share												
14	Conservatorship Admin. Fees												
15	State General Fund-State Share						18,578				18,578		
16	State General Fund-County Match												
17	SGF-Managed Care - Outpatient			100,000		1,368,000	900,490				2,368,490		
18	06-07 Rollover - Managed Care - Outpatient												
19	EPSDT SD/MC - State Share Est.												
20A	06-07 SGF Rollover												
20B	Other Revenue												
21	Realignment Funds/MOE*	799,094	135,000	207,829	67,069	1,079,868	3,940,446	844	81,500		6,311,650		
22	Prior Years - MHSA												
23	MHSA									2,633	2,633		
24	County Overmatch			50,000		750,000	750,000			550,000	2,100,000		
25	CALWORKS												
26	Total Funding Sources	1,200,000	250,000	440,425	76,650	3,932,742	6,906,305	844	105,000	552,633	13,464,598	OK	
<p>* Realignment Funds include match for Short-Doyle/Medi-Cal FFP.</p> <p>Line 3 = Line 24? OK OK OK OK OK OK OK OK OK OK OK</p> <p>Amt. to Balance to Line 3: 0 0 0 0 0 1 0 0 0 0 0</p> <p>Show / Hide SGF Managed Care (DMH Only)</p>													

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY		DEPARTMENT OF MENTAL HEALTH
REPORT OF MENTAL HEALTH MANAGED CARE ALLOCATION AND EXPENDITURES MH 1994 (05/08)		
Fiscal Year 2007-2008		
COUNTY OF: California COUNTY CODE: 87 DATE COMPLETED: 7/30/2008		
		A
<i>FY 2006-2007 Rollover</i>		State General Fund
1)	FY 2006-2007 SGF Mental Health Contingency Reserve	0
2a)	Less FY 2006-2007 Contingency Reserve Expenditures for Inpatient Hospital Services in FY 2007-2008	
2b)	Less FY 2006-2007 Contingency Reserve Expenditures for Outpatient Mental Health Services in FY 2007-2008	
3)	Total SGF Mental Health Contingency Reserve	0
<i>FY 2007-2008 Allocation</i>		
4)	FY 2007-2008 SGF Managed Care Allocation	4,305,200
5)	Plus FY 2006-2007 SGF Mental Health Contingency Reserve Rollover Expenditures (Line 3)	0
6)	Less FY 2007-2008 FFS/MC Expenditures Acute Inpatient Hospital Days	(1,035,294)
7)	Less FY 2007-2008 FFS/MC Expenditures Inpatient Hospital Administrative Days	(616)
8)	Less FY 2007-2008 FFS/MC Expenditures Outpatient Mental Health Services	
9)	Less Other FY 2007-2008 State General Fund Expenditures Other Mental Health Services	(2,368,490)
10)	Less FY 2007-2008 State General Fund Mental Health Contingency Reserve	(900,800)
11)	Total FY 2007-2008 Unexpended/Uncommitted State General Fund Balance	0
<div style="border: 1px solid black; display: inline-block; padding: 5px 20px;"> Summary_Flow </div>		

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY		DEPARTMENT OF MENTAL HEALTH
REPORT OF MENTAL HEALTH SERVICES ACT (MHSA) DISTRIBUTION AND EXPENDITURES MH 1995 (05/08)		Fiscal Year 2007-2008
COUNTY OF: California COUNTY CODE: 87 DATE COMPLETED: 7/30/2008		
<i>Prior Years Balance</i>		A
1) Prior Years Mental Health Services Act Balance		\$ 1,320,453
2) Less Prior Years Mental Health Services Act Expenditures		
3) <i>Total</i> <i>Prior Years Unexpended Mental Health Services Act Balance</i>		\$ 1,320,453
<i>FY 2007-2008 Distribution</i>		
4) FY 2007-2008 Mental Health Services Act Distribution		\$ 7,243,321
5) Plus: Interest Earned on Mental Health Services Act FY 2007-2008		\$ 512,790
6) Plus: Prior Years Unexpended Mental Health Services Act Balance (Line 3)		\$ 1,320,453
7) Less FY 2007-2008 Mental Health Services Act Expenditures		\$ 2,633
8) <i>Total</i> <i>FY 2007-2008 Unexpended Mental Health Services Act Funding</i>		\$ 9,073,931
4) Enter current year Mental Health Services Act Distribution. 5) Enter Interest Earned on Mental Health Services Act Distribution. 6) No entry, this line is picked up from line 3 above. 7) Enter the amount of Mental Health Services Act expenditures for the current year. 8) Unexpended Mental Health Services Act to be used for future periods.		
<div style="border: 1px solid black; display: inline-block; padding: 5px 20px;">Summary_Flow</div>		

**CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY
YEAR-END COST REPORT
MH 1940 (05/08)**
DEPARTMENT OF MENTAL HEALTH
Fiscal Year 2007-2008

COUNTY OF: California

COUNTY CODE: 87

ADDRESS: 912 Direct Cost Way
Sacramento, CA 99999
0

FISCAL YEAR ENDING
JUNE 30, 2008

PREPARED BY: Cost Preparer

PHONE: (911) 911-0911

Date Completed: July 30, 2008

NOTE: AMOUNTS SHOULD BE WHOLE DOLLARS

	A	B	C
	STATE GENERAL FUND	M/C & HF/FED SHARE	TOTAL
1. TOTAL EXPENDITURE	\$ 8,167,203	\$ 5,297,395	\$ 13,464,598
2. LESS: REVENUE	(5,780,135)	(2,634,148)	(8,414,283)
3. SUBTOTAL	2,387,068	2,663,247	5,050,315
4. LESS: COUNTY SHARE (PER MH 1909)	(0)		(0)
5. SUBTOTAL NET COUNTY COSTS SUBJECT TO REIMBURSEMENT	2,387,068	2,663,247	5,050,315
6. PLUS: SGF USED AS FFP MATCH (INCLUDED IN LINE 2, COL.2)	0		0
7. TOTAL NET COUNTY COSTS SUBJECT TO REIMBURSEMENT	\$ 2,387,068	\$ 2,663,247	\$ 5,050,315
FUNDING SOURCES: 4440-			
8. OTHER FUNDS	0	2,663,247	\$ 2,663,247
9. 101-0001 (1) COMMUNITY SERVICES - OTHER TREATMENT	0	0	\$ 0
10. 101-0001 ADULT SYSTEM OF CARE	0	0	0
11. 101-0001 (1.5) CHILDREN'S MENTAL HEALTH SERVICES	0	0	0
12. 104-0001 MENTAL HEALTH SERVICES AB 3632	18,578	0	18,578
13. 103-0001 COMMUNITY SERVICES - OUTPATIENT FOR MENTAL HEALTH MANAGED CARE	2,368,490	0	2,368,490
14. GRAND TOTAL, ALL SOURCES (Must Agree with Line 7)	\$ 2,387,068	\$ 2,663,247	\$ 5,050,315
15. 103-0001 COMMUNITY SERVICES - INPATIENT FOR MENTAL HEALTH MANAGED CARE	\$ 1,035,910		\$ 1,035,910
16. EPSDT SD/MC - STATE SHARE ESTIMATE	\$ 0		\$ 0

OK
OK
Summary_Flow
OK
OK
OK

**CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY
YEAR-END COST REPORT
MH 1940 (05/08)****DEPARTMENT OF MENTAL HEALTH****Fiscal Year 2007-2008****COUNTY CERTIFICATION**

I HEREBY CERTIFY under penalty of perjury that I am the official responsible for the administration of Community Mental Health Services and the Mental Health Services Act (MHSA) in and for said claimant; that I have not violated any of the provisions of Section 1090 et. seq. of the Government Code and that all information submitted to the Department of Mental Health (DMH) is accurate and complete. With respect to MHSA funding, I certify that the County is in compliance with California Code of Regulations, Title 9, Division 1, Chapter 14, Article 4, Section 3410, Non-Supplant and Article 5, Section 3500, Non-Supplant Certification and Reports; that the amount for which reimbursement is claimed herein is in accordance with Chapter 3, Part 2, Division 5 of the Welfare and Institutions Code; and WIC Section 5891. The county understands that any payment to the county resulting from this report will be paid with state and federal funds and that any falsification or concealment of material fact may be prosecuted under federal and/or state laws. I further certify that, to the best of my knowledge and belief, the information in this report is in all respects true, correct, and in accordance with the state and federal law.

Date: _____

Signature: _____

Local Mental Health Director

Executed at _____, California

I CERTIFY under penalty of perjury that I am the duly qualified and authorized official of the herein claimant responsible for the examination and settlement of accounts. I understand that misrepresentation of any information provided herein constitutes a violation of state and federal law. I further certify that this claim is based on actual, total expenditures as necessary for claiming Federal Financial Participation pursuant to all applicable requirements of state and federal law including but not limited to Sections 430.30 and 433.51 of Title 42 Code of Federal Regulations (CFR) and Section 5718 of the Welfare and Institutions Code. I understand that DMH may deny any payment if it determines that the certification is not adequately supported for purposes of claiming Federal Financial Participation. I understand that all records of funds included in this report are subject to review and audit pursuant to Section 433.32, Title 42, CFR by DMH, the Department of Health Care Services and/or the federal government and must be kept for a minimum of three years after the final payment is made and retained beyond the 3-year period if audit findings have not been resolved.

Date: _____

Signature: _____

Title _____

County Auditor-Controller or City Finance Officer

Executed at _____, California

Date Uploaded: _____

Upload ID: _____

Upload File Name: _____

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY
YEAR-END COST REPORT
MH 1940S (05/08)

DEPARTMENT OF MENTAL HEALTH
Fiscal Year 2007-2008

FOR STATE DEPARTMENT OF MENTAL HEALTH USE ONLY

1. County Claim for Reimbursement

2. Adjustments

\$ _____

A. Rollover of Unexpended Funds

1) Community Services - Other Treatment

2) Adult System of Care

3) Children's Mental Health Services

4) Mental Health Services - AB 3632

5) Other Rollover

B. Managed Care FFS Inpatient & Cont. Res.

C. Managed Care Additional Funds

D. Other

Subtotal (Lines 1 & 2)

\$ _____

3. Less Claims Paid to Date

4. NET COUNTY COSTS SUBJECT TO REIMBURSEMENT

\$ _____

Date: _____

Signature: _____

FOR DMH ACCOUNTING USE ONLY

5. Special Adjustments

\$ _____

a) State Hospital Changes

b) Audit Adjustment

c) Other

6. NET REIMBURSEMENT DUE COUNTY (STATE)

\$ _____

Date: _____

Signature: _____

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY**DEPARTMENT OF MENTAL HEALTH****MH1979/1992 Reconciliation by Legal Entity****MH 1979_1992_RECON (05/08)****Fiscal Year 2007-2008**

County: California
 County Code: 87

A	B	C	D	E
Legal Entity Name	Legal Entity Number	MH1979 Total FFP	MH1992 Total FFP	Variance
Prop 63	00087	\$2,659,875	\$2,659,875	\$0
Mental Health Foundation	09998	\$0	\$0	\$0
Children Rescue Network	09999	\$3,372	\$3,372	\$0
		\$2,663,247	\$2,663,247	\$0

**CALIFORNIA HEALTH
AND HUMAN SERVICES AGENCY**
DEPARTMENT OF MENTAL HEALTH
Total Medi-Cal Costs from MH1979_Sum
MH_EPSDT
Fiscal Year 2007-2008

County: California
County Code: 87

Inpatient Costs		Line		
	16	Direct Services 7/1 - 9/30		\$105,122
	16A	Direct Services 10/1 - 6/30		\$45,063
	17	Enhanced Children 7/1 - 6/30		\$11,544
	17A	Enhanced Children 10/1 - 6/30		\$0
	18	Enhanced Refugees 7/1 - 6/30		\$0
		Subtotal Inpatient SD/MC Costs		\$161,729
	20	Amount NR Exceed Costs - SD/MC & Enh. SD/MC		\$0
		Less 25% of NR exceeds costs		\$0
		Total Inpatient Costs		\$161,729
Outpatient Costs				
	16	Direct Services 7/1 - 9/30		\$2,372,774
	16A	Direct Services 10/1 - 6/30		\$1,687,109
	17	Enhanced Children 7/1 - 6/30		\$3,459
	17A	Enhanced Children 10/1 - 6/30		\$0
	18	Enhanced Refugee 7/1 - 6/30		\$0
		Subtotal Outpatient SD/MC Costs		\$4,063,342
	20	Amount NR Exceed Costs - SD/MC & Enh. SD/MC		\$0
		Less 25% of NR exceeds costs		\$0
		Total Outpatient Costs		\$4,063,342
Admin/UR/MAA				
	6	Admin		\$800,000
	14	UR/Skilled		\$100,000
	15	UR/Other		\$80,000
	11 + 12	MAA/50%		\$47,000
	13	MAA/75%		\$0
		Total Admin/UR/MAA		\$1,027,000
		Grand Total		\$5,252,070

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY**DEPARTMENT OF MENTAL HEALTH****InPatient/Outpatient Summary 2007-2008****MHINOUT (05/08)****Fiscal Year 2007-2008**

County: California
 County Code: 87

A	B	C	D	E	F	G	H	I
		Inpatient Column E			Outpatient Column K			Total
Legal Entity Name	Legal Entity Number	MH1968 M/C Reim. 7/1-9/30 Line 21	MH1968 M/C Reim. 10/1-6/30 Line 21a	MH1968 M/C Reim. Refuge Line 22	MH1968 M/C Reim. 7/1-9/30 Line 21	MH1968 M/C Reim. 10/1-6/30 Line 21a	MH1968 M/C Reim. Refuge Line 22	Inpatient/Outpatient M/C Reimbursable Costs
Prop 63	00087	\$126,666	\$45,063	\$0	\$2,392,413	\$1,684,184	\$0	\$4,248,326
Mental Health Foundation	09998	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Children Rescue Network	09999	\$0	\$0	\$0	\$3,819	\$2,925	\$0	\$6,744
		\$126,666	\$45,063	\$0	\$2,396,233	\$1,687,109	\$0	\$4,255,070

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY**DEPARTMENT OF MENTAL HEALTH****MH1992 Detail 2007-2008****MH1992Detail (05/08)****Fiscal Year 2007-2008**

County: California
 County Code: 87

A	B	C	D	E	F	G	H	I
Legal Entity Name	Legal Entity Number	MH1992 Adjustment Line 2	MH1992 Adj Gross Cost Line 3	MH1992 SD/MC FFP Line 11	MH1992 HF FFP Line 12	MH1992 SGF - State Share Line 15	MH1992 SGF-County Match Line 16	MH1992 SGF-Managed Care Line 17
Prop 63	00087	\$0	\$13,417,835	\$2,649,913	\$9,961	\$18,578	\$0	\$2,368,490
Mental Health Foundation	09998	\$0	\$5,472	\$0	\$0	\$0	\$0	\$0
Children Rescue Network	09999	\$0	\$41,291	\$3,372	\$0	\$0	\$0	\$0
		\$0	\$13,464,598	\$2,653,286	\$9,961	\$18,578	\$0	\$2,368,490

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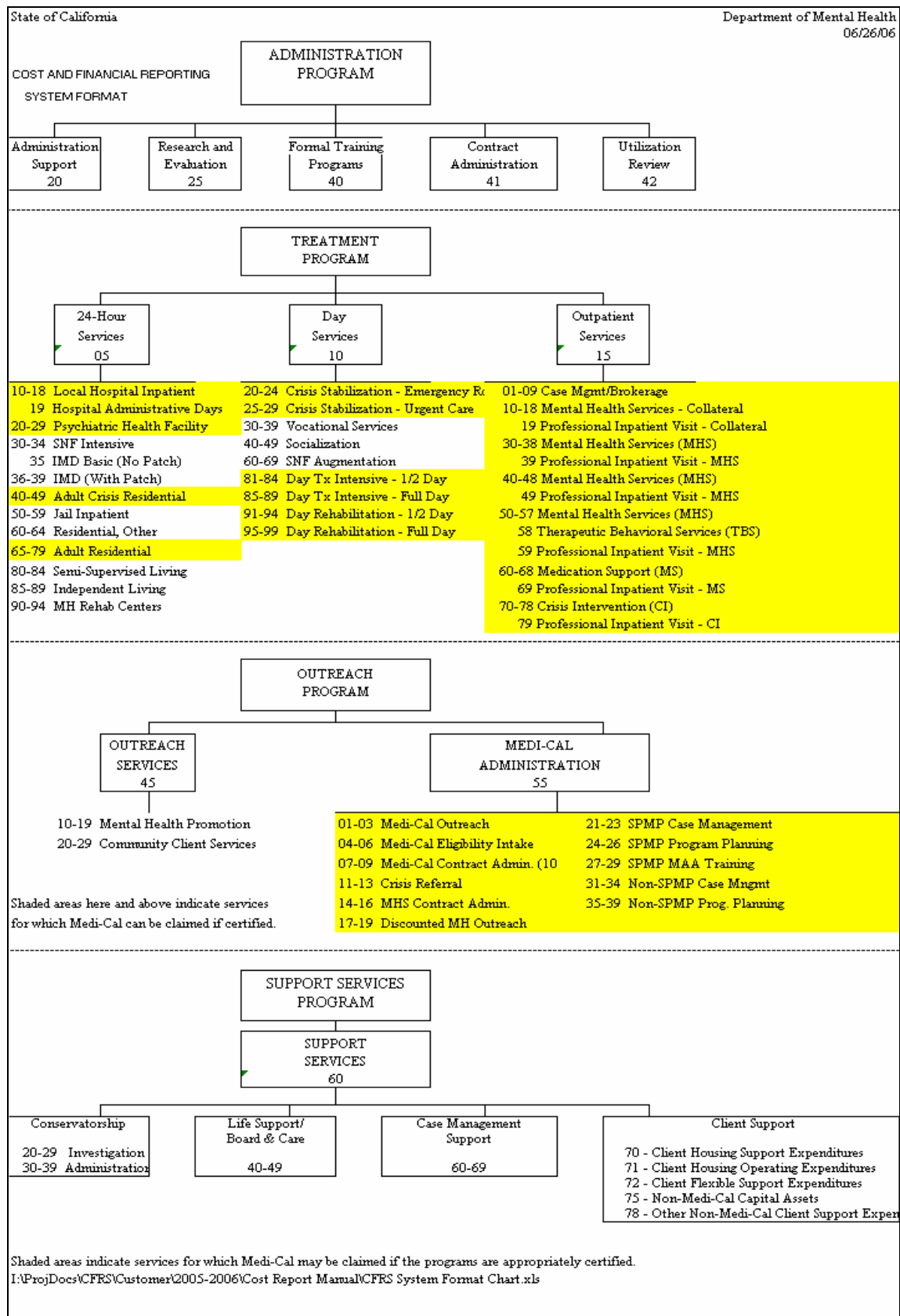
APPENDIX E

CFRS System Format

FY 2007-2008 SD/MC Statewide Maximum Allowance

FY 2007-2008 Statewide Allocation Worksheet

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REVISED**FISCAL YEAR 2007-08****SHORT-DOYLE/MEDI-CAL****MAXIMUM REIMBURSEMENT RATES**

July 1, 2007 through June 30, 2008

						REVISED
SERVICE FUNCTION	MODE OF SERVICE CODE		SERVICE FUNCTION CODE	TIME BASE	SHORT-DOYLE/ MEDI-CAL MAXIMUM ALLOWANCE	SHORT-DOYLE/ MEDI-CAL MAXIMUM ALLOWANCE
	CR/DC	SD/MC				
	Code	Claiming Code				
					7/1/07 - 2/29/08	3/1/08 - 6/30/08
A. 24-HOUR SERVICES	05					
Hospital Inpatient		07, 08, 09	10-18	Client Day	\$1,035.57	\$1,035.57
Hospital Administrative Day		07, 08, 09	19	Client Day	7/1/07 - 7/31/07 \$310.68 8/1/07 - 6/30/08 \$318.19	7/1/07 - 7/31/07 \$310.68 8/1/07 - 6/30/08 \$318.19
Psychiatric Health Facility (PHF)		05	20-29	Client Day	\$555.20	\$555.20
Adult Crisis Residential		05	40-49	Client Day	\$313.08	\$313.08
Adult Residential		05	65-79	Client Day	\$152.71	\$152.71
B. DAY SERVICES	10	12, 18				
Crisis Stabilization						
Emergency Room			20-24	Client Hour	\$97.19	\$94.54
Urgent Care			25-29	Client Hour	\$97.19	\$94.54
Day Treatment Intensive						
Half Day			81-84	Client 1/2 Day	\$148.17	\$144.13
Full Day			85-89	Client Full Day	\$208.10	\$202.43
Day Rehabilitation						
Half Day			91-94	Client 1/2 Day	\$86.43	\$84.08
Full Day			95-99	Client Full Day	\$134.91	\$131.24
C. OUTPATIENT SERVICES	15	12, 18				
Case Management, Brokerage			01-09	Staff Minute	\$2.08	\$2.02
Mental Health Services			10-19	Staff Minute	\$2.68	\$2.61
			30-59	Staff Minute	\$2.68	\$2.61
Medication Support			60-69	Staff Minute	\$4.96	\$4.82
Crisis Intervention			70-79	Staff Minute	\$3.99	\$3.88

DEPARTMENT OF MENTAL HEALTH
Fiscal Year 2007-08

COMMUNITY MENTAL HEALTH SERVICES
ALLOCATION WORKSHEET
REVISION NUMBER: 1

STATEWIDE

PROGRAM	CURRENT ALLOCATION	ADJUSTMENT	TOTAL ALLOCATION
Community Services -- Other Treatment	\$0	\$0	\$0
Community Services -- Other Treatment for Mental Health Managed Care <i>Managed Care Subset</i>	\$4,305,200 (\$4,305,200)	\$0 \$0	\$4,305,200 (\$4,305,200)
Mental Health Services AB 3632	\$18,578	\$0	\$18,578
TOTAL COMMUNITY SERVICES	\$4,323,778	\$0	\$4,323,778

PROGRAM DATA BY FUND SOURCES			
4440-101-0001(1) Community Services -- Other Treatment	\$0	\$0	\$0
4440-103-0001(1) Community Services -- Other Treatment for Mental Health Managed Care <i>Services</i> <i>Federal Regulations</i> <i>Implementation</i>	\$4,305,200 (\$4,305,200) \$0	\$0 \$0 \$0	\$4,305,200 (\$4,305,200) \$0
4440-104-0001 Mental Health Services AB 3632	\$18,578	\$0	\$18,578
TOTAL FUND SOURCES	\$4,323,778	\$0	\$4,323,778

PURPOSE: Final FY 2007-08 Allocation

DATE:

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APPENDIX F

Submittal File to DMH

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Submittal File to DMH**Table of Contents**

Introduction.....	2
Business Processes and Automated Desk Edits Cycle	3
Cost Report Template Files	6
File Naming Conventions - Detail Cost Report(s).....	7
File Naming Conventions - Summary Cost Report.....	9
File Naming Conventions - Submittal File	10
Desk Edits Results File	11
File Naming Conventions – Samples	13

Introduction

The FY 2007-2008 Cost Report packaging, naming conventions, automated desk edits, error correction cycle, and submittal process to DMH are described in this section.

The cost report will be distributed to the counties via the DMH Information Technology Web Server (ITWS). Counties are required to download the appropriate cost report template(s) from ITWS and distribute the template(s) to their contract provider legal entities by any method that will not change the electronic format of the template(s). The contract provider legal entities, after the completion of their cost reports, must return them to their county for review, verification, and approval. The counties are required to package these cost reports and submit the package to DMH through the ITWS electronic submission process.

COST REPORT FILES

The cost report files for this year remain an Excel based spreadsheet application. There will be two sets of Cost Report spreadsheet automations:

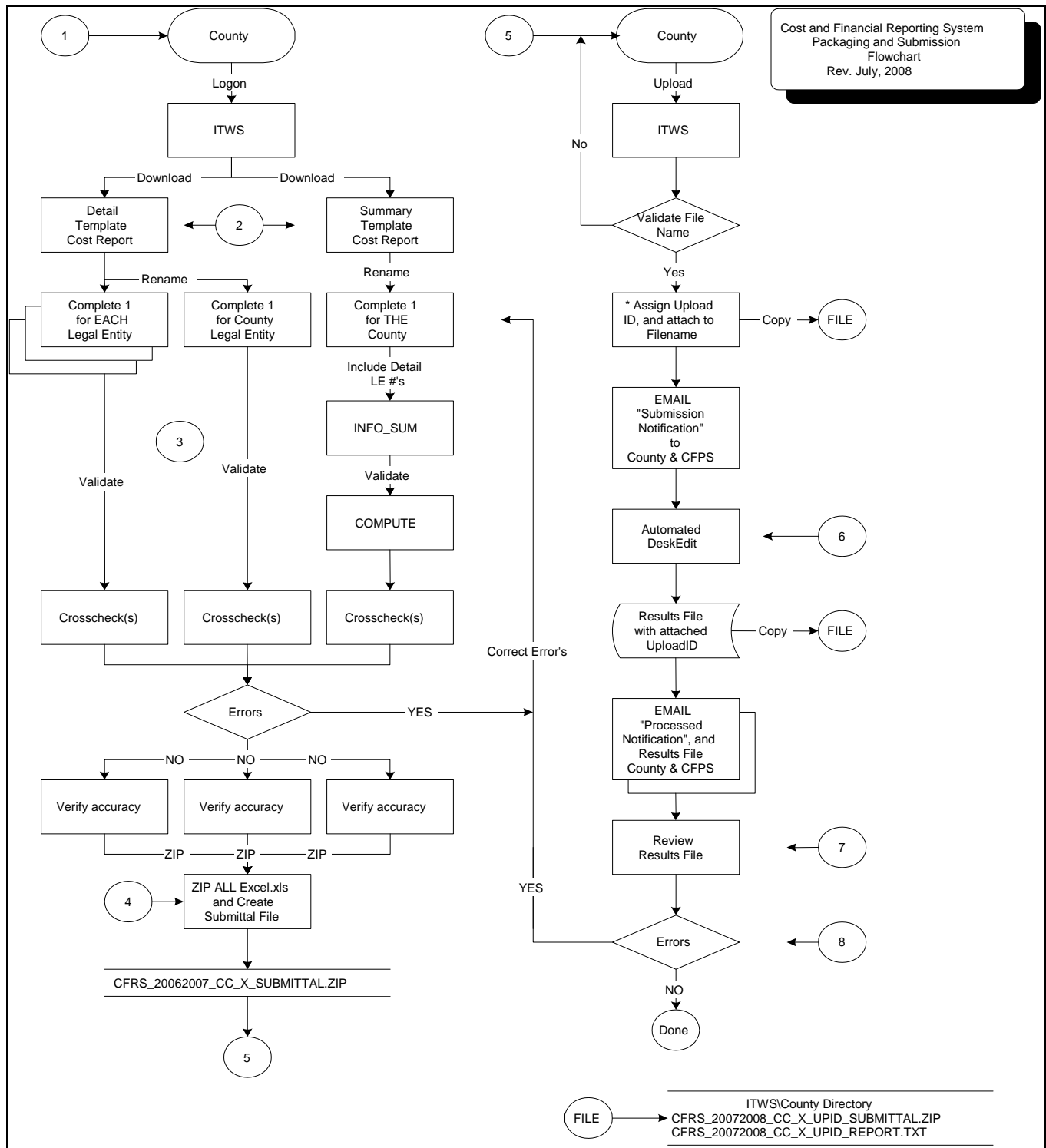
1. A Detail Cost Report for Legal Entities (contract or county), Medi-Cal and Non-Medi-Cal; and
2. A Summary Cost Report for each county or local mental health agency linking information from all legal entities.

SUBMITTAL FILE

The county Submittal File is the “package” that the county submits to DMH. The completed detail cost reports and the summary county cost report are combined into a single “package” called a “submittal file”. This packaging is completed through an archiving process called zipping. (Zipping gets its name from a product, or multitude of products, which combine files, called PKZIP. Further description and product information can be found at <http://www.pkware.com> and/or your local county information technology group.)

The submittal file (zipped file) is uploaded (submitted) to DMH ITWS. The name of the submittal file must conform to the submittal file naming conventions. See the sections on File Naming Conventions. Files not conforming to the specified naming conventions cannot be processed by DMH.

Business Processes and Automated Desk Edits Cycle



Step 1. Logon to ITWS

- This requires enrollment to ITWS and permission to access the Cost and Financial Reporting System (CFRS). We also recommend that you request permission to access the Provider / Legal Entity System.

Step 2. Download the Cost Report Template(s)

- The Detail Cost Report Template is:
CFRS_20072008_CC#####X_Detail_Template.xls
- The Summary Cost Report Template is:
CFRS_200720087_CC00000X_Summary_Template.xls

NOTE: There may be additional information attached to the names of these file to describe the versions that are currently being used. Please download the most recent version of these files; i.e., _(V2.32 & V1.81).

Step 3. Rename and complete the Cost Report(s)

- RENAME and CREATE a COPY of the Detail Cost Report Template for:
 - 1 for EACH Contract Provider Legal Entity
 - 1 for the County Legal Entity
- RENAME and CREATE a COPY of the Summary Cost Report Template for:
 - 1 for The County Only
- Complete these cost reports according to the instructions in the manual.

Step 4. ZIP ALL excel.xls and create Submittal File

- ALL cost report files (.xls) must be Zipped together into a submittal file (.zip). This ZIP file is also called an archive. Use the ZIP utility (i.e., PKZIP) to accomplish this.
- Note, you must create the name of this submittal file according to the naming conventions specified in this section.

Step 5. Upload/Submit the Cost Report package to ITWS

- Logon to ITWS and go to the CFRS system.
- Select FUNCTIONS > UPLOAD, and specify the name of the submittal file that was created from the ZIP step for submission to DMH.
- ITWS will return a confirmation message stating a successful upload process.
- You and CFRS will also receive an email notification stating that the file has been successfully received by DMH.
- The email will entail specific information regarding your email, and also an accompanying Upload ID number, which indicates this file in the CFRS system. Please note this Upload ID number for further notices and reports.

- Step 6. Automated DMH Desk Edits.
- DMH will automatically process the Submittal ZIP file and perform the automated desk edits on the cost reports.
 - You will receive an email stating that the file has been processed through the automated desk edits. The results of the automated desk edits will be attached. The attached RESULTS FILE is a TEXT file and will be named according to the submittal file that was uploaded. The name of the RESULTS FILE will include the Upload ID number that was assigned when the submittal file was received by DMH.
 - You can also logon to ITWS to review the RESULTS text file. Use the Upload ID number assigned to the submittal file to find the appropriate RESULTS text file.
- Step 7. Review the Results File
- The Results File will include any processing errors found by the automated Desk Edit for all Detail Cost Reports and the Summary Cost Report.
- Step 8. Correct any errors
- The county corrects the errors listed in the Results File.
 - After corrections to the cost reports are completed, ALL cost report files (.xls) must again be Zipped together into a submittal file (.zip), see Step 4. The submittal file (zipped file) is uploaded to DMH ITWS, see Step 5.
- Step 9. Repeat Step 4 through Step 8 until the Results File contains no errors.
- Step 10. Finished

NOTE: After completing Step 5, the Upload/Submit step, the accompanying email that you receive specifies the Upload ID number of the submittal file. This Upload ID number must be used on the MH1940 that is sent to DMH. It is the “binding” number, which details when your cost report is actually received by DMH. You must submit one hard copy of the cost report (summary and county detail only) and an original signed MH 1940 certification package to DMH within 10 (ten) business days of the first submission of your cost report.

Cost Report Template Files

The FY 2007-2008 Cost Report Templates are downloaded by the county from DMH ITWS. Remember, there are two templates:

- A template for the Detail Cost Report. RENAME and create a COPY of the Detail Cost Report template for EACH Legal Entity (contract or county), Medi-Cal and Non-Medi-Cal. Name the files according to the naming conventions specified in this section.
- A template for the Summary Cost Report. RENAME and create a copy of the Summary Cost Report template. Name the file according to the naming conventions specified in this section. The Summary Cost Report is to be completed by the County Only.

These files are located on ITWS have the following name:

- CFRS_20072008_CC#####X.xls_(V2.32Beta)_Detail_Template.xls
 - This is the Detail Cost Report.
 - The '#####' will be replaced by the number associated with the Legal Entity.
- CFRS_20072008_CC00000X.xls_(V1.81Beta)_Summary_Template.xls
 - This is the Summary Cost Report
 - The '00000' denotes a Summary Cost Report. It must remain as '00000' as it indicates the Summary Cost Report to be complete by the County.

NOTE: These files reflect a version number that is used internally when creating the Cost Reports. These files are the templates to be used for completing the Cost Reports, and the versions and names are for identification purposes.

File Naming Conventions - Detail Cost Report(s)

All naming conventions for **DETAIL** Cost Reports follow this format:

CFRS_20072008_CC#####B.XLS

CC	County Code
#####	5-digit number which identifies the legal entity # of the cost report for which the file is being submitted. Check your Legal Entity File for correct Legal Entity numbers of your providers that you are using.
B	"B" for Initial Image (i.e., "B"efore settlement, so this is your initial submission to ITWS until desk edits are complete) "F"inal Settlement, (i.e., after any SD/MC adjustments) "Z" for Audits, "T" for Test files and or DMH use.

LEGAL ENTITY NUMBERS

Legal Entity numbers are assigned by DMH by the type of Legal Entity they represent. These are essentially encoded with the 5-character Legal Entity numbering system of the Legal Entity File. Your 5-character Legal Entity numbers will resemble the following format. These are general rules and you should contact the DMH Statistics and Data Analysis (SDA) group if you have further questions or problems about these designations.

<i>00000</i>	A Legal Entity number with 5 zeroes indicates that this is a Summary County Cost Report. This is very important!!!
<i>000##</i>	A Legal Entity number with 3 leading zeroes indicates that this is the County Legal Entity. Example, 00087 would indicate the County Legal Entity for County 87.
<i>00F87</i>	A Legal Entity number with 2 leading zeroes, then an "F" and a number, indicates that this is the FFS (Fee for Service) Legal Entity for the county. Example, 00F87 would indicate the FFS Legal Entity for County 87.
<i>AFC##</i>	A Legal Entity number with "AFC" as the preceding 3 characters indicates that this is an Administrative Services Organization (ASO) Legal Entity. The remaining 2 characters indicates that County Code. Example, AFC87 would indicate the ASO Legal Entity for County 87.
<i>HFP##</i>	A Legal Entity number with "HFP" as the preceding 3 characters indicates that this is a Healthy Families (Fee-For-Service) inpatient services and is used to claim all HFP inpatient services that occur in hospitals settings that would be fee-for-service if used for Medi-Cal children.
<i>#####</i>	Any other number is the 5-digit number which identifies the Legal Entity number. Check your Legal Entity File for correct Legal Entity numbers of the providers that you are using.

File Naming Conventions - Summary Cost Report

All naming conventions for the SUMMARY Cost Reports follow this format:

CFRS_20072008_CC#####B.XLS

Where:

CC	County Code
00000	5-zeroes. This must be specified.
B	"B" for Initial Image (i.e., "B"efore settlement, so this is your initial submission to ITWS until desk edits are complete) "F"inal Settlement, (i.e., after any SD/MC adjustments) "Z" for Audits, "T" for Test files and/or DMH use.

File Naming Conventions - Submittal File

All naming conventions for **SUBMITTAL** Package follow this format:

CFRS_20072008_CC_B_SUBMITTAL.ZIP

Where:

CC	County Code
B	"B" for Initial Image (i.e., "B"efore settlement, so this is your initial submission to ITWS until desk edits are complete) "F"inal Settlement, (i.e., after any SD/MC adjustments) "Z" for Audits, "T" for Test files and/or DMH use.

NOTE: If you need help using ZIP, or more formally known as PKZIP, please see <http://www.pkware.com> for instructions on using this and other ZIP products.

Further, when this file is uploaded to ITWS, it will be assigned an internal Upload ID (UpID) number. This UpID number will be referenced in all documentation regarding this file. You will also receive an email describing this and its newly renamed file.

Example:

1. CFRS_20072008_87_B_SUBMITTAL.ZIP

The cost reports uploaded for a sample county 87. You will receive email confirmation of this submission, and it will entail the Upload ID that was assigned when this file was uploaded. This number will now be in the name of the file in your county directory on ITWS and all reference documentation regarding this upload will be specified.

2. CFRS_20072008_87_B_170701_SUBMITTAL.ZIP

This is how the file will look with the Upload ID specified as part of the renamed file. This will be automatically be done by DMH and will look this way on ITWS.

Desk Edits Results File

After you have UPLOADED your Cost Report submittal file to ITWS, you will receive the following electronic communication from DMH:

1. An instant notification from ITWS saying your file was successfully uploaded.
2. Also, you will receive an email notification in your Inbox stating that DMH received your file as well.

In the meantime, DMH will be processing your uploaded submittal file and when done, the following will happen:

1. Notify you via an email notification in your Inbox stating that DMH has processed your file and the results of this process are available for viewing (or downloading) on ITWS.
2. Next, you need to Logon to ITWS to view the file and determine if the automated desk edit processing is successful or not.
3. If NOT, then make necessary corrections on your local copies of the cost reports, re-ZIP into a new Submittal File, and re-Upload to ITWS.
4. Cost report is not considered ACCEPTED, until all errors on both the detail and summary cost reports pass the automated edits.

The attached report file returned to you in the email will be named according to the following format. It will also be on ITWS with the same name as:

CFRS_20072008_CC_B_UPID_REPORT.TXT

Where:

CC	County Code
B	"B" for Initial Image (i.e., "B"efore settlement, so this is your initial submission to ITWS until desk edits are complete) "F"inal Settlement, (i.e., after any SD/MC adjustments) "Z" for Audits, "T" for Test files and/or DMH use.
UPID	Upload ID that was assigned when your submittal file was uploaded to ITWS.

Example:

CFRS_20072008_87_B_170701_REPORT.TXT

NOTE: This is a text document. Use Notepad or a similar product to open and read its content.

The Cost Report submission, editing and correction cycles will produce files of different types. These files may be Notification and Return Files, or possible Error files as well. These files are created by the DMH Cost and Financial Reporting System (CFRS) and placed on the DMH ITWS servers so the counties may download them, examine them, and determine if any corrective or continuing action needs to be taken. Also, any errors that they may have submitted in the Cost Report submission package will be listed here as well.





After a cost report has been submitted, the CFRS will process the submission package and will create the files on the ITWS server within one day after DMH receives a CFRS submittal file.

File Naming Conventions – Samples

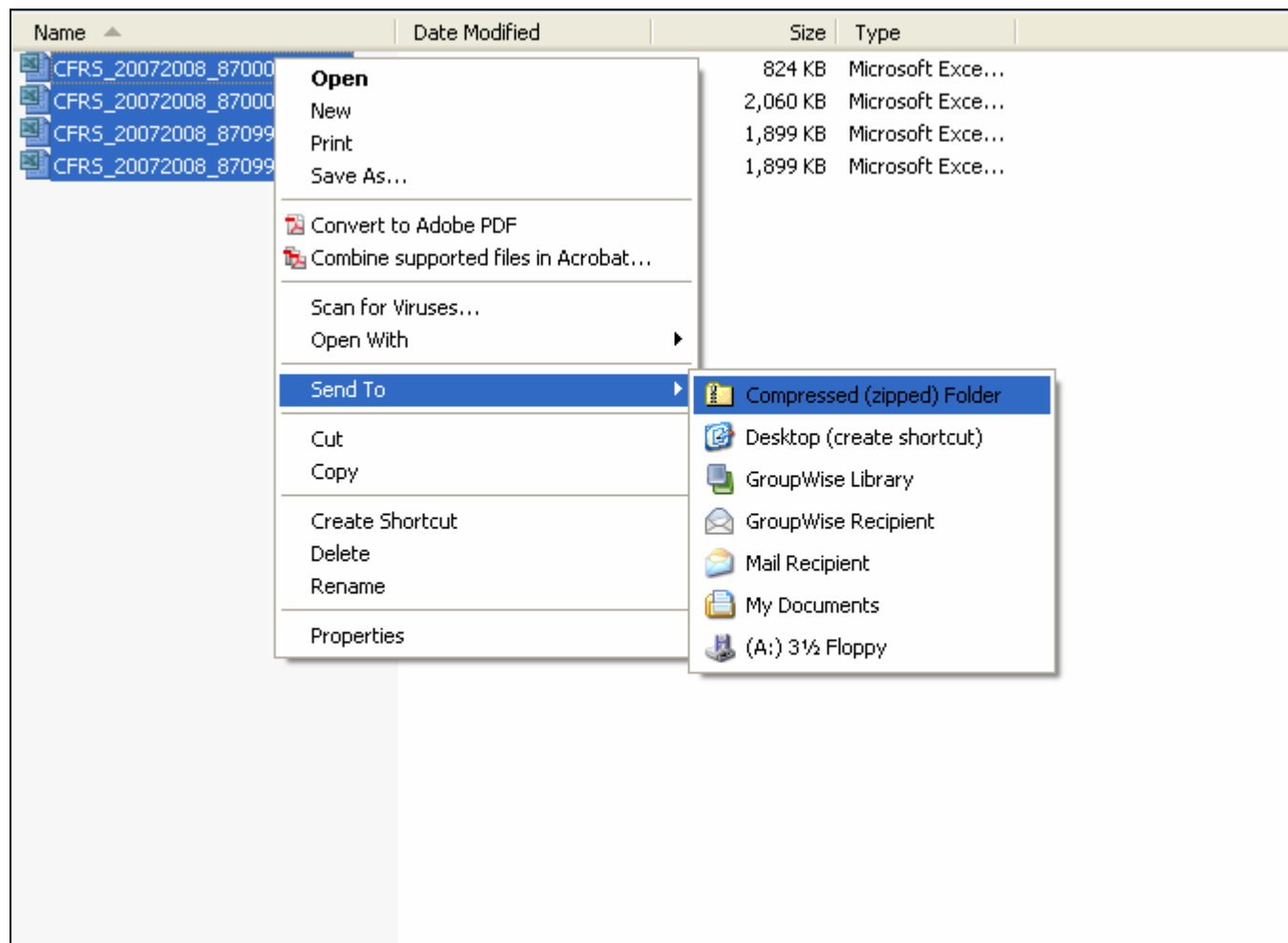
The Detail and Summary Cost Reports are built and named according to the naming conventions. Reminder, the Summary Cost Report contains the list of the Legal Entities that are being submitted as part of the Cost Report package.

This example would represent a sample of names for cost reports to be submitted as part of the submittal package to DMH ITWS:

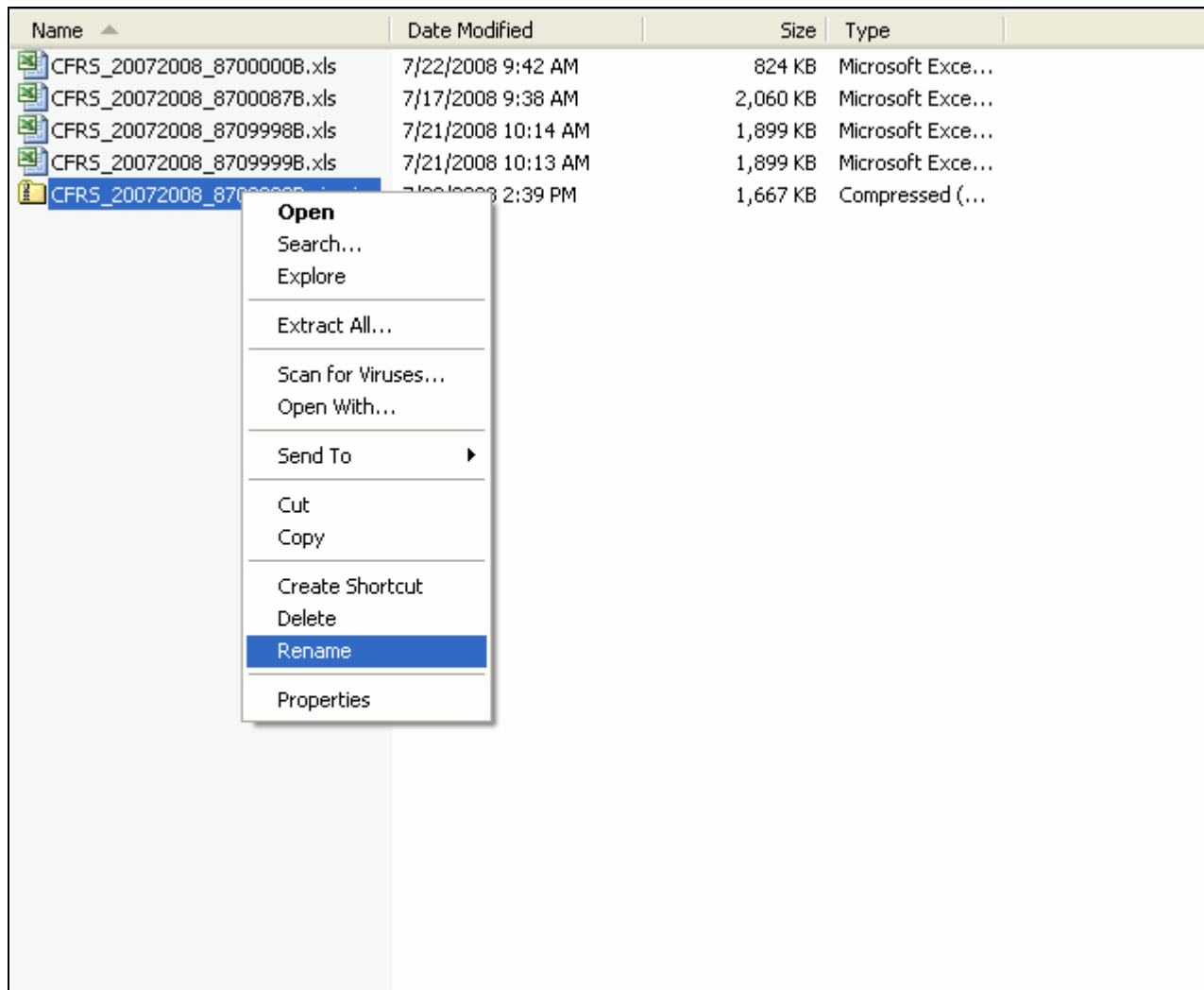
CFRS_20072008_8700000B.XLS	Summary County Cost Report for County 87. Notice all 0's (Zeroes) in the file name and only the County Code is present
CFRS_20072008_8700087B.XLS	Detail Cost Report for County 87 Legal Entity. Notice the 3 0's (Zeroes) in the file name and then the County Code is present.
CFRS_20072008_8700877B.XLS	Detail Cost Report for Legal Entities by #. Notice the Legal Entity number is used here. “ “ “ “ “ “ “ “
CFRS_20072008_8700887B.XLS	
CFRS_20072008_8700755B.XLS	
CFRS_20072008_8700205B.XLS	
CFRS_20072008_8700223B.XLS	
CFRS_20072008_8700227B.XLS	
CFRS_20072008_8700249B.XLS	
CFRS_20072008_8700269B.XLS	
CFRS_20072008_8700277B.XLS	
CFRS_20072008_8700279B.XLS	

Name ▲	Date Modified	Size	Type
 CFR5_20072008_8700000B.xls	7/22/2008 9:42 AM	824 KB	Microsoft Exce...
 CFR5_20072008_8700087B.xls	7/17/2008 9:38 AM	2,060 KB	Microsoft Exce...
 CFR5_20072008_8709998B.xls	7/21/2008 10:14 AM	1,899 KB	Microsoft Exce...
 CFR5_20072008_8709999B.xls	7/21/2008 10:13 AM	1,899 KB	Microsoft Exce...






Example of Windows directory (Folder) with all the County Cost Reports in one location.



Example showing that all files need to be ZIPPED together and processed into a ZIP file. You will need to name the ZIP file according to your naming conventions as specified in this appendix.



Rename file CFRS_20072008_87_B_Submittal.Zip

Name	Date Modified	Size	Type
 CFRS_20072008_8709999B.xls	7/21/2008 10:13 AM	1,899 KB	Microsoft Exce...
 CFRS_20072008_8709998B.xls	7/21/2008 10:14 AM	1,899 KB	Microsoft Exce...
 CFRS_20072008_8700087B.xls	7/17/2008 9:38 AM	2,060 KB	Microsoft Exce...
 CFRS_20072008_8700000B.xls	7/22/2008 9:42 AM	824 KB	Microsoft Exce...
 CFRS_20072008_87_B_Submittal....	7/22/2008 2:39 PM	1,667 KB	Compressed (...)

See the section on File Naming conventions for the ZIP Submittal File for how this file should be named.

- This ZIP file (a.k.a, the SUBMITTAL file) is what needs to be sent to DMH
- Logon to DMH ITWS, and UPLOAD (i.e., SUBMIT) this file to the Cost Reporting System.

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APPENDIX G

Cost Report Forms Printing Procedures

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STEP 1 – Click PrintForm(s) once.

DETAIL COST AND FINANCIAL REPORT (FY 2007 - 2008)

Start Here

Are you a Medi-Cal Provider?

YES NO

Medi-Cal Non Medi-Cal

Done!

Other Options

Hide All Forms	Turn On/Off Heading	Import From Cost Report
Show MH Forms	Turn On/Off Grid	Import From Text
Clear MH Forms	DMH Only	Export to Text
Disclosures	MH1960 Support	

PrintForm(s)

STEP 2 – Check forms and schedules below to print.

Are you a Medi-Cal Provider?

YES NO

Print Forms

Select Forms to Print

<input type="checkbox"/> HOME	<input type="checkbox"/> MH1963	<input type="checkbox"/> MH1966_MODE60
<input type="checkbox"/> Medi-Cal	<input type="checkbox"/> MH1964	<input type="checkbox"/> MH1969_INST
<input type="checkbox"/> Non Medi-Cal	<input type="checkbox"/> MH1966_HOSPINT	<input type="checkbox"/> MH1968
<input type="checkbox"/> MH1900_INFO	<input type="checkbox"/> MH1966_MODE5(OTHR)	<input type="checkbox"/> MH1969
<input type="checkbox"/> MH1901_Schedule_A	<input type="checkbox"/> MH1966_MODE10	<input type="checkbox"/> MH1979
<input type="checkbox"/> MH1901_Schedule_B	<input type="checkbox"/> MH1966_MODE15_(1)	<input type="checkbox"/> MH1991
<input type="checkbox"/> MH1901_Schedule_C	<input type="checkbox"/> MH1966_MODE15_(2)	<input type="checkbox"/> MH1992_INST
<input type="checkbox"/> MH1960	<input type="checkbox"/> MH1966_MODE55	<input type="checkbox"/> MH1992
<input type="checkbox"/> MH1961	<input type="checkbox"/> MH1966_MODE45	
<input type="checkbox"/> MH1962		

Select Relevant Forms

Number of Copies

Show MH Forms

Turn On/Off Grid

Import From Text

Clear MH Forms

DMH Only

Export to Text

Disclosures

MH1960 Support

PrintForm(s)

STEP 3 – On the “Select Forms to Print” window below, click “Select Relevant Forms” button to print selected schedules and forms on completed cost report.

Are you a Medi-Cal Provider?

YES NO

Print Forms

Select Forms to Print

<input type="checkbox"/> HOME	<input checked="" type="checkbox"/> MH1963	<input checked="" type="checkbox"/> MH1966_MODE60
<input type="checkbox"/> Medi-Cal	<input checked="" type="checkbox"/> MH1964	<input type="checkbox"/> MH1969_INST
<input type="checkbox"/> Non Medi-Cal	<input checked="" type="checkbox"/> MH1966_HOSPINPT	<input checked="" type="checkbox"/> MH1968
<input checked="" type="checkbox"/> MH1900_INFO	<input type="checkbox"/> MH1966_MODE5(OTHR)	<input type="checkbox"/> MH1969
<input checked="" type="checkbox"/> MH1901_Schedule_A	<input checked="" type="checkbox"/> MH1966_MODE10	<input checked="" type="checkbox"/> MH1979
<input checked="" type="checkbox"/> MH1901_Schedule_B	<input checked="" type="checkbox"/> MH1966_MODE15_(1)	<input checked="" type="checkbox"/> MH1991
<input checked="" type="checkbox"/> MH1901_Schedule_C	<input checked="" type="checkbox"/> MH1966_MODE15_(2)	<input type="checkbox"/> MH1992_INST
<input checked="" type="checkbox"/> MH1960	<input checked="" type="checkbox"/> MH1966_MODE55	<input checked="" type="checkbox"/> MH1992
<input checked="" type="checkbox"/> MH1961	<input type="checkbox"/> MH1966_MODE45	
<input checked="" type="checkbox"/> MH1962		

Select Relevant Forms

Number of Copies 1

Select All Deselect All Print Cancel

Show MH Forms Turn On/Off Grid Import From Text

Clear MH Forms DMH Only Export to Text

Disclosures MH1960 Support

PrintForm(s)

STEP 4 – Click “Select All” to select all forms and schedules to print.

STEP 5 – Click the number of copies list box to print more than one page.

STEP 6 – Click “Deselect All” to clear selections on the Select Forms to Print Window.

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APPENDIX H

Frequently Asked Questions

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FREQUENTLY ASKED QUESTIONS

- 1. Q: Where do I report Therapeutic Behavioral Services (TBS)**
A: Therapeutic Behavioral Services should be reported on MH 1901 Schedule B as Settlement Type TBS, Mode 15, Service Function 58. On MH 1901 Schedule C, report amounts you paid TBS providers under the “Eligible Direct Costs” column E. These amounts automatically populate MH1966, Program 2.
- 2. Q: Are there definitions somewhere for the service functions?**
A: The Client and Services Information (CSI) System Data Dictionary includes the definitions of mode of service and service functions. It is available on the ITWS. If you do not have approved access, you can request additional membership with the ITWS Administrator and ask for CSI access or contact the CSI unit directly via email at Tom.Wilson@dmh.ca.gov.
- 3. Q: What are some examples of categorical funding?**
A: Categorical funds can only be spent for the purposes for which they were specifically appropriated. Examples of categorical funding are 4440-101-0001(1.5), Children’s Mental Health Services and 4440-104-0001, Mental Health Services to Special Education Pupils (AB 3632). The local mental health appropriation in the Governor’s Budget Act is structured to accommodate expenditure reporting under the California Fiscal Information System (CFIS). State General Fund dollars appropriated by the Governor’s Budget Act are categorized according to the CFIS subcategories. The Department controls expenditures to the various appropriation items categorized in accordance with CFIS.
- 4. Q: What units should be reflected on the cost report? Should it be taken from the claims?**
A: Report total units of service provided to your client base. These units would include both Medi-Cal and non-Medi-Cal. Note also that these units come from different funding sources.
- 5. Q: Who audits the cost reports?**
A: The State Department of Mental Health (SDMH) has a fiscal audit section with the responsibility to perform annual fiscal audit of the counties cost report.
- 6. Q: How should the county report grants such as the Homeless Grant?**
A: Mental Health Services provided with Grant funding are to be reported in the cost report as along with all other mental health services. The only identification to the state will be as a funding source in MH 1992 (under appropriate grant line). This would be Line 5 for a PATH grant.
- 7. Q: Do Non-Medi-Cal providers have to submit a cost report?**
A: Yes, counties are required to file a cost report for each of its non-Medi-Cal providers.

8. **Q: Do CalWorks funds come from both Alcohol and Drug and Mental Health Departments? Do counties have to report both substance abuse and mental health services on the Cost Report?**
A: 1. The primary funding source for the CalWorks program is the Federal Temporary Assistance for Needy Families (TANF). The State Department of Social Services administers this fund. CalWorks may pertain to both Drug and Alcohol Programs and mental health activities.
2. Counties are to report *ONLY* mental health services provided with CalWorks funds in the DMH Cost Reports along with other mental health services provided. The CalWorks units (non-Medi-Cal) should be identified as CAW settlement type on MH 1901 Schedule B. The "Eligible Direct Cost" column should be used to report CalWorks related costs on MH 1901 Schedule C. The CalWorks revenue should be reported on MH 1992, funding source Line 25.
9. **Q: What do I do if I do not see the "Enable Macro" screen when we pull up the program?**
A: In Excel, click Tools; Options; General; check Macro virus protection; click ok. To enable this screen each time you open the files, check Always ask before opening workbooks with macros.
10. **Q: What do we send to our providers and how do they get access to the program?**
A: Download the *files* from the DMH ITWS and either e-mail or save them on *diskette* and forward to your providers. Your *contract* providers are not allowed direct access to the DMH ITWS.
11. **Q: What if providers do not have the Excel program?**
A: The state is only supporting the cost report spreadsheet in the EXCEL software at this time. It is the county's responsibility to work with each provider to ensure they have access to the EXCEL software.
12. **Q: When will the final version of the cost report be ready on the Web site?**
A: The final versions of both the detail legal entity and county summary cost reports are posted on the DMH ITWS website annually following our fall trainings.
13. **Q: Is MH 1900, Section II for inpatient hospital only or outpatient as well?**
A: Enter both inpatient and outpatient contract providers Medi-Cal Direct Service Gross Reimbursement here.
14. **Q: What are crossover units?**
A: Crossover units are units of service for those clients covered by both Medi-Cal and Medicare.
15. **Q: Can you override the prompting?**
A: No.

16. **Q: Why is EPSDT blocked out in the first three columns of MH 1992?**
A: EPSDT is a children's, direct service, non-hospital inpatient cost for special Medi-Cal aid categories. The first two columns are not direct service cost centers and the third column is for hospital inpatient services.
17. **Q: Do managed care organizations and fee-for-service providers have to fill out a cost report?**
A: 1. Organizational providers are required to complete a cost report.
2. For individual and group fee-for-service providers, the county will report the actual payments made to these providers as costs to the county, under Program 2. To do this, report units of service as you would for other programs on MH 1901 Schedule B. Report costs on MH 1901 Schedule C on column E (Eligible Direct Costs). These costs automatically populate MH 1966, Program 2.
18. **Q: Do I submit signatures on the MH 1940 electronically?**
A: No, signatures will be submitted in a hard copy separately before the cost reports are accepted as being filed.
19. **Q: When is the cost report considered late?**
A: The cost report will be considered late if not received by January 2nd.
20. **Q: Can we only show the tabs at the bottom that we want the contractors to fill out?**
A: What the counties want their contractors to see will be a decision made by the county.
21. **Q: Do you have to continuously save the document while inputting the information?**
A: You do not have to save continuously. However, it is recommended.
22. **Q: Do I have to include the county under the listing of all legal entity names on the MH 1900 Summary Information Worksheet?**
A: Yes, include all legal entities including the county legal entity on the MH 1900 Summary Information Worksheet.
23. **Q: Why are some of the cells on the worksheets hidden?**
A: These cells are hidden because they are temporary storage areas when you are working on the cost report, and are not necessary for viewing purposes.
24. **Q: What is the appropriate method to report a county who is contracting with another county for services?**
A: 1. The primary county funding the services reflects the county contract provider on MH 1960, Line 3 (Less: Payments to Contract Providers – County Only).
2. The contracted county providing the services is required to complete a cost report.
25. **Q: When a county has contracted with another county to provide services, who claims the FFP and who reports the CSI?**
A: 1. The primary county funding the services reports the CSI.
2. The contracted county providing the services claims the FFP.

- 26. Q: Where in the Cost Report should expenditures related to the Cultural Competence Plan be reported?**
- A:** All Mental Health Plans (MHPs) should report all mental health expenditures including Cultural Competence in its cost report. MHPs may report Cultural Competence expenditures under general administrative costs in the cost report.
- 27. Q: Can the County use a blended rate if the county changes its billing rate mid year?**
- A:** Yes, the County can use a blended (weighted) rate during the mid-year. Please refer to the Local Program Financial Support Instruction Manual, **Page 20** regarding Published Charge.
- 28. Q: If a county provides a separate support schedule for the published charge, what amount is reflected on the MH 1901 Schedule A for the service function?**
- A:** Counties must provide the following information on the separate support schedule for the published charge: (1) each service function; (2) the time period covered by each published charge; (3) each published charge per unit of service; (4) Medi-Cal units of service provided for each published charge; and (5) total published charges for each service function (published charge per unit multiplied by the units of service).
- Please refer to the Cost Program Financial Support Instruction Manual, **Page 20** regarding Published Charge.
- 29. Q: Please define the term “patch” and describe Medi-Cal with patch and Medi-Cal without patch.**
- A:**
1. Patch refers to the additional reimbursement rate per day for Special Treatment Program (STP) above the basic Nursing Facility – Level B basic rate in an Institution for Mental Disease (IMD).
 2. The Cost and Financial Reporting System Instruction manual FY 2007-2008, Appendix E-1 identifies the correct terms, (IMD Basic and IMD) which should be used instead of the expressions Medi-Cal with patch and Medi-Cal without patch.

APPENDIX I

False Claims Act Desk Notes

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FALSE CLAIM

A “false claim” is a claim for payment for services or supplies that were not provided specifically as presented or for which the provider is otherwise not entitled to payment. Examples of false claims for services or supplies that were not provided specifically as presented include, but are not limited to:

- A claim for service or supply that was never provided.
- A claim indicating a higher level of service than was actually provided.

CLAIMS-RELATED LIABILITY

A. Civil Liability

1. False Claims Act (31 U.S.C. & 3729)

- (a) Prohibits presenting a false claim, making a false statement to get paid.
- (b) Level of intent required for liability: actual knowledge, reckless disregard of truth, deliberate ignorance of truth.
- (c) Exposure: Three times amount of damage plus \$5,000 - \$ 10,000 per claim.

2. Civil Monetary Penalties Act (42 U.S.C. & 1320a-7a)

- (a) Imposes penalties for filing or causing to be filed a false claim.
- (b) Requires knowledge, reckless disregard, or deliberate ignorance.
- (c) Penalty of up to \$10,000 per violation plus three times amount of false claim.

3. Qui Tam (Whistle Blower) Actions (31 U.S.C. & 3730)

- (a) Allows any person to bring False Claims Act case on behalf of the United States.
- (b) Bars cases on information that has been publicly disclosed unless the person bringing action is original source of the information (direct and independent knowledge of information and voluntarily provided the information to government before filing the action).
- (c) Qui Tam plaintiff receives 15% - 25% of recovery if government proceeds with action, 25% - 30% if government does not proceed with action.

B. Criminal Liability

1. Medicare and Medicaid fraud and abuse provisions (42 U.S.C. & 1320A-7B)
 - (a) Bars knowing and willful making of a false statement of material fact in a claim for payment to federal health care program.
 - (b) Penalty: Up to \$25,000 fine and five years imprisonment.
2. False Claims (18 U.S.C. & 287)
 - (a) Makes criminal the submission of false claims to the United States.
 - (b) Penalty: Up to 5 years imprisonment plus fine.
3. False Statements (18 U.S.C. & 1001)
 - (a) Prohibits making knowing and willful false statements, concealing a material fact, and using a false writing.
 - (b) Penalty: Up to 5 years imprisonment plus fine.
4. Mail Fraud and Wire Fraud (18 U.S.C. §§ 1341 and 1343)
5. Money Laundering (18 U.S.C. §§ 1956, 1957)
6. Conspiracy to Defend United States or to Submit False Claims (18 U.S.C §§ 2386 and 371)

C. Administrative Sanctions

1. Exclusion from program participation (42 U.S.C. & 1320A-7)
2. Mandatory Exclusions
 - (a) Conviction of criminal offense relating to delivery of item or service under Medicare or a state health care program, neglect or abuse of patient, health care fraud or other financial misconduct, unlawful manufacture or distribution of controlled substance.
 - (b) Five year minimum exclusion.

3. Permissive exclusions

- (a) Fifteen different grounds.
- (b) Examples include excessive charges, unnecessary services, submission of false claims, kickback violations, failure to disclosure ownership information, failure to grant immediate access to records.

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APPENDIX J

SD/MC Billing & Claiming Information Contact

For SD/MC billing and claiming questions contact IT. The contact person is Toquyen Collier at (916) 654-2709.

Her email address is: Toquyen.Collier@dmh.ca.gov

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APPENDIX K

Cost and Financial Reporting System (CFRS) Acronyms

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Cost and Financial Reporting System (CFRS) Acronyms
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AB	Assembly Bill
ASO	Administrative Services Organization
ASOC	Adult System of Care
CCR	California Code of Regulations
CalWORKS	California Work Opportunity and Responsibility to Kids
CC	County Code
CDE	California Department of Education
CFIS	California Fiscal Information System
CFRS	Cost and Financial Reporting System (as referenced in ITWS)
CMHDA	California Mental Health Directors Association
CMS	Centers for Medicare and Medicaid Services (Formerly known as Health Care Financing Administration)
CONREP	Conditional Release Program (Forensics)
COWCAP A-87	Countywide Cost Allocation Plan (County overhead)
CRFS	Cost Reporting and Financial Support (staff members of Local Program Financial Support)
CSI	Client Services Information System
CSOC	Children's System of Care
CSRV	Community Services
DHCS	Department of Health Care Services (Formerly known as Department of Health Services)
DMH	Department of Mental Health
EOB	Explanation of Balance
EPSDT	Early and Periodic Screening, Diagnosis and Treatment
FEMA	Federal Emergency Management Administration
FFP	Federal Financial Participation
FFS/MC	Fee-for-Service/Medi-Cal
FFY	Federal Fiscal Year (10/1 to 9/30)
FI	Fiscal Intermediary
FTE	Full Time Equivalent (Staff)
FY	Fiscal Year
GC	Government Code
HF	Healthy Families
HFP	Healthy Families Program
HIPAA	Health Insurance Portability and Accountability Act
HMO	Health Maintenance Organization
IA	Interagency Agreement
IEP	Individualized Education Plan
IMD	Institution for Mental Diseases
ISA	Integrated Services Agency
IT	Information Technology
ITWS	Information Technology Web Services

LCC	Lower of Costs or Charges (Federal Reimbursement Policy)
LOC	Level of Care
LE	Legal Entity
MAA	Medi-Cal Administrative Activities
MC	Medi-Cal
MCP	Managed Care Plan
MEDI-MEDI	Medicare/Medi-Cal
MHP	Mental Health Plan
MHS	Mental Health Services
MHSA	Mental Health Services Act
MOE	Maintenance of Effort
MOU	Memorandum of Understanding
NFP	Nominal Fee Provider
NIMH	National Institute of Mental Health
NR	Negotiated Rate
PATH	Projects for Assistance in Transition from Homelessness
PC	Published Charge
PHF	Psychiatric Health Facility
PRV/LE	Provider/Legal Entity
QA	Quality Assurance
RFA	Request for Application
RWJ	Robert Wood Johnson (refers to grants issued by this foundation)
SAMHSA	Substance Abuse and Mental Health Services Administration Block Grant (Federal)
SB	Senate Bill
SD	Short-Doyle
SDA	Short-Doyle Act
SD/MC	Short-Doyle/Medi-Cal
SED	Seriously Emotionally Disturbed
SEP	Special Education Pupils
SF	Service Function
SFC	Service Function Code
SFY	State Fiscal Year
SGF	State General Fund
SMA	Statewide Maximum Allowances
SNF	Skilled Nursing Facility
SOC	Systems of Care
SPMP	Skilled Professional Medical Personnel
TBS	Therapeutic Behavioral Services
TCM	Targeted Case Management
UMDAP	Uniform Method of Determining Ability to Pay
UPID	Upload Identification
UR	Utilization Review
VLF	Vehicle License Fees
W&I Code	Welfare & Institutions Code

APPENDIX L

Cost Report Instruction Manual Index

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